

REQUEST FOR FAMILY OR MEDICAL LEAVE

Employee Notification

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days prior to the date the requested leave is to begin.

Name Hattie M. Graton Date 03/07/2013

School Whittier Position Reading Coach

I request a family or medical leave for one or more of the following reasons. I understand that a physician's certification and all required information must be submitted before this request is processed.

Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.

In order to care for my spouse/child/parent who has a serious health condition.

For a serious health condition that makes me unable to perform my job. THIS CONDITION IS IS NOT WORK RELATED.

Requested intermittent or reduced leave scheduled _____

Leave to start 05/07/2013 Expected return date / /

- I would like to use my sick/personal days **When the 2013-2014 School Year begins in August 2013. I'm only taking 5 weeks*
- I would not like to use my sick/personal days
- Original request for leave
- Request for extended leave

Employee Signature Hattie M. Graton Date 03/07/2013

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 3/8/13

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

03-12-13P02:37 RCVD

**Currently has 12 sick days + 1 personal day available*