## I. 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 51	naron	B.	Patrick.	Date	aug. 11, 2015	
School B	rooks	****	• • • • • • • • • • • • • • • • • • •	Positio	n <u>ELA teacher</u>	
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 <u>before</u> 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.					
<u> </u>	For a serious health condition that makes me unable to perform my job. THIS CONDITION IS $\chi$ IS NOT WORK RELATED.					
	Requested intermittent or reduced leave scheduled					
Employee S		_ I wou _ I wou _ Origin _ Reque	Id like to use my s Id not like to use r hal request for lear est for extended le	sick/personal c ny sick/persor ve ave	nal days Date7-11-15	
**************************************						
Principal/Designee Signature $M$ $M$ $D$						
Board Secretary Signature Date						
Decard Develdent Circut					Date	
Sick Days - 48.00						



September 2, 2015

Sharon Patrick DOB: 8/10/1973

To Whom It May Concern :

Please excuse my patient, Sharon Patrick, from work until 9/21/15 due to her underlying disease as she undergoes treatment. If you have any other questions, please do not hesitate to call me. I can be reached at 312-695-8628.

Sincerely,

Monique E. Hinchcliff, MD

NM Rheumatology / Northwestern University Feinberg School of Medicine 675 N St Clair St, Ste 14-100 Chicago IL 60611-5975 312-695-8628