

# 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 LYNN F. Williams Date 3/24/15  
School CO Position Systems Operator  
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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.

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

\_\_\_\_\_ Requested intermittent or reduced leave scheduled \_\_\_\_\_

Leave to start 5/4/15 Expected return date 7/20/15

- X I would like to use my sick/personal days  
\_\_\_\_\_ I would not like to use my sick/personal days  
\_\_\_\_\_ Original request for leave  
\_\_\_\_\_ Request for extended leave

Employee Signature Lynn F. Williams Date 3/24/15  
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## LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 3/24/15  
Superintendent Signature [Signature] Date 3/25/2015  
Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_  
Board President Signature \_\_\_\_\_ Date \_\_\_\_\_



THE UNIVERSITY OF  
**CHICAGO**  
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To Whom It May Concern:

Lynn Williams is under my care at the University of Chicago Medical Center. She will be undergoing a stem cell transplant. Her admission date will be May 4, 2015. She is expected to be in the hospital for 18-21 days and then will require recovery at home. We request her to be off from work for 12 weeks.

Please do not hesitate to contact me with questions or concerns.

Sincerely,

Dr. Todd Zimmerman