

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 Maria Farfan Date 10-7-13

School Holmes Position School Secretary

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 _____

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.

Leave to start 10 / 8 / 13 Expected return date 10 / 23 / 13

- 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 Maria V. Farfan Date 10-8-13

LEAVE APPROVAL

Principal/Designee Signature _____ Date _____

Superintendent Signature [Signature] Date 10/23/13

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Employee Signature

DATE: 10/10/13 0948
USER: DKAEMHOP
RPT: PCYNDCPI
Facility: SEB

SOUTHERN PCS LIVE
Patient Discharge Instructions

PAGE 1

St. Elizabeth's Belleville
DISCHARGE INSTRUCTIONS

DIAZ, MELISSA GUADALUPE
MR#: MD00964960
ACCT#: D00000467760

Room/Bed: D406-1 DOB: 02/04/1983
Adm Date: 10/08/13 Attend MD: ERMIS, EMILY B
Report ID:

Copy given to patient

YOUR DOCTOR RECOMMENDS THAT YOU FOLLOW THESE INSTRUCTIONS:

Diet:

No restrictions

Activity:

No heavy lifting
No tub baths
No sexual activity
No driving until released

*P.P. @ week appt
November 19, 2013 @ 2:30pm*

Follow-Up Care - Doctor #1

Doctor: SAFB Clinic
Date/Time: 6 weeks

Notify Physician For: Excessive Bleeding
Fever Over 100 for 24 Hrs
Pain Med Not Effective

Special Instructions:

Discharge Care Notes/Instructions Given: YES

Belongings Accounted for and Returned to Patient: YES

Prescriptions Sent Home with Patient: YES

Patient Medication Instruction Sheet given: YES

Administered Vaccine Information:

Date: 10/08/13 Time: 2144 ADACEL VACCINE DIPHTH/TETANUS/ACEL.FERT ADULT

Patients with Congestive Heart Failure, Please be advised: Notify your doctor of the following symptoms or health problems: swelling of feet and legs, chest tightness, persistent cough, shortness of breath, daily weight gain of 1-3 pounds.

Smoking Warning:

For your ongoing health — If you don't smoke, don't start. Avoid or limit your exposure to secondhand smoke. Smoking or exposure to secondhand smoke may increase your and/or your family members risk for health problems and can lead to death. If you do currently smoke: Smoking has proven to be a significant health risk for you and those you smoke around. For help to stop smoking contact the American Heart Association at 1-800-242-8721 or www.americanheart.org or American Lung Association at 1-800-548-8252 or www.lungusa.org

In case of emergency call 911 or go to the Emergency Room

After your discharge you may receive a return postage paid survey at your home. Your cooperation in completing and returning the survey would be greatly appreciated. Thank you for choosing our facility for your health care needs.

ACCESS ID:





ACCESS ID:

NUR.PC.WORK.zcus.y.pcyndcpl.dtscharge.patient.instr

DATE: 10/10/13 9 0948 USER: DKAMHOB RPT: PCYNDCP1 Facility: SSB	
St. Elizabeth's Belleville DISCHARGE INSTRUCTIONS	
DIAZ, MELISSA GUADALUPE MR#: MD00964960 Room/Bed: D-106-1 DOB: 02/04/1983 Adm Date: 10/08/13 Attend MD: ERMIS, EMILY B Report ID:	copy given to patient
Patient's Signature: _____ Date: _____	Nurse's Signature: _____ Date: _____