

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 Williams Date 6/22/15
School CENTRAL OFFICE Position System Operator

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 7/21/15 Expected return date 8/21/15

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

Employee Signature Lynn Williams Date 6/22/15

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date _____

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____



THE UNIVERSITY OF
CHICAGO
MEDICINE

5841 S. Maryland Av.
Chicago, Illinois 60637-1470

06/22/2015

Return to Work

To Whom It May Concern:

This is to advise you that Lynn Williams needs to have her leave extended from July 21, 2015 to August 21, 2015 and will be able to return on August 24, 2015.

Lynn may return to her normal activities without restrictions

If you have any questions or if we can be of further assistance, please do not hesitate to contact us at 773-702-4400.

Sincerely,

Todd Zimmerman, MD