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	Tina Merritt	Date	10-7-14
School	Amelou	Position	Teacher
I request	a family or medical leave for one or r 's certification and all required inform 1.	nore of the following	reasons. I understand that
	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 \swarrow IS NOT WORK RELATED.		
	Requested intermittent or reduced	i leave scheduled	
Employe	Leave to start <u>10/23/14</u> <u>I would like to use r</u> <u>I would not like to use r</u> <u>Original request for</u> <u>Request for extende</u> <u>Signature</u> <u>Mu Mautt</u>	ny sick/personal days use my sick/personal of leave	
******	**************************************	**************************************	*****
	Designee Signature Attice	Him	Date <u>10/10/14</u> Date <u>10/16/14</u>
Board Se	cretary Signature		Date
Board Pr	esident Signature		Date
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Parkview Orthopaedic Group

Medical Records



Parkview Orthopaedic Group, S.C.

7600 W, College Dr. Palos Heights, IL 60463 708-361-0600 708-361-8710 F 10060 W. 191st St. Mokena, IL 60448 708-361-0600 2201 Glenwood Ave. Jollat, IL 60435 815-727-3030 688 Cedar Crossings Dr. New Lanox, IL 60451 815-727-3030 815-463-8268 F 4710 W. 95th St. B1 Oak Lawn, IL 60453 708-361-0600



Work/School Status Note

Patient name: Tina Merritt

Date of visit: 10/15/2014

Treating provider: Kevin W. Luke MD

The patient is unable to work until 11/03/2014.

Comments:

Patient is having a knee arthroscopy on Monday, October 27th and will be unable to work until she is re-evaluated at her post-op on Monday, November 3rd. Please feel free to contact my office if any further information is needed.