

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 Jillion Davis Date 9/11/17

School Riley Position Assistant Principal

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 _____

* Leave to start 10 / 2 / 17 Expected return date 1 / 16 / 18

- 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 Jillion Davis Date 9/11/17

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 09/12/17

Superintendent Signature [Signature] Date 9/22/17

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

* Dates may change pending on my daughter's discharge date.



Advocate Children's Hospital

4440 West 95th Street || Oak Lawn, IL 60453 || T 708.684.8000 || advocatechildrenshospital.com

September 18, 2017

To Whom It May Concern:

Lauren Davis was born on 7/10/17 and has been in the Neonatal Intensive Care Unit at Advocate Children's Hospital in Oak Lawn since her birth. The approximate date for her discharge will be October 2, 2017. Jillian Davis, Lauren's mom, will be the primary caregiver for Lauren. Upon Lauren's discharge, Jillian would like to take a leave to care for her daughter.

Sincerely,

Alison B. Miklos RNC, MSN

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Neonatal Care Manager

708-684-1165