

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 Adilene Carranza Date April 1st, 2017

School Holmes Elementary School Position Parent Coordinator

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 8/19th/17 Expected return date 11/27th/17

- 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 *Adilene Carranza* Date April 3rd, 2017

LEAVE APPROVAL

Principal/Designee Signature *Dolores Strong* Date 4/3/2017

Superintendent Signature _____ Date 4/5/2017

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 1.5



HF Medical Associates, S.C.
OBSTETRICS & GYNECOLOGY

tel 708 799 8880
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17901 Governors Highway, Suite 102
Homewood, Illinois 60430

Account # 4292

Date: 3/31/17

Patient's name: Adilene Carranza

To whom it may concern:

This is to verify that Adilene Carranza is under my care for pregnancy with an estimated due date of 8/9/17.

Her last menstrual period was 11/2/16.

Sincerely,

Mitchell Krawczyk, MD
Jacqueline White, MD