

Sep 23 2016 05:13PM HP Fax

page 2

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 Kimberly Cannon Date 9/23/16

School Lanell Position 1st grade teacher

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 9/22/16 Expected return date 9/29/16

- 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 Kimberly Cannon Date 9/23/16

LEAVE APPROVAL

Principal/Designee Signature Cynthia Grant Date 9/26/16

Superintendent Signature [Signature] Date 9/26/2016

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 16
Personal - 1

Advocate Medical Group
AMG-Olympia Fields
4001 Vollmer Rd
Olympia Fields, IL 60461
(708) 481-8883

Return to Work/School Verification
09/22/2016 5:30PM

Patient: KIMBERLY P. CANNON
MRN: 1001114654
DOB: 07/27/1983

Return To Work/School Verification

Date: 09/22/2016
Patient's Name: KIMBERLY CANNON
MRN: 1001114654

TO WHOM IT MAY CONCERN

The above-named person:
Has received treatment at this office on the following dates: 09/22/2016
Has been ill or injured and unable to work from: 09/22/2016 to 09/29/2016
May resume work on: 09/30/2016

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.

Dr Singh.

Signature

Electronically signed by : Iechia Robinson CMA; 09/22/2016 6:29 PM CST.