

**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 Karen Moore Date 11/29/18  
School Angelou Position Resource 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 12/12/18 Expected return date 01/09/19

- 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 Karen Moore Date 11/29/18

\*\*\*\*\*

**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 11/29/18

Superintendent Signature [Signature] Date 12/3/18

Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick - 225.5

 **Franciscan** PHYSICIAN NETWORK  
HAMMOND ORTHOPEDIC  
HEALTH CENTER

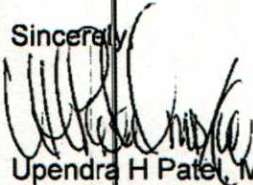
November 30, 2018

RE: Karen Moore  
DOB: 4/19/1972

To Whom It May Concern:

Karen Moore is scheduled to undergo a surgical procedure on 12/12/18. The estimated duration of incapacity is approximately 4 weeks. If there are any concerns, please do not hesitate to call the above phone number.

Sincerely,



Upendra H Patel, MD