

# 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 Cynthia M. Jones Date 10/28/16

School Sandburg Position Reading Coach  
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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 10/31/16 - 12/05/16

Leave to start 10/31/16 Expected return date 12/05/16

- ☒ 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 Cynthia M. Jones Date 10/28/16  
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## LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10/28/16

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Board President Signature [Signature] Date 10/31/2016

Sick Days - 382

# Weiss Memorial Hospital

4646 North Marine Drive • Chicago, Illinois 60640 • 773-878-8700

PATIENT'S FULL NAME	Mary Jones	DATE OF BIRTH	9/10/1928
ADDRESS		DATE	10/22/2016

R Mary Jones is patient under my care & has severe dementia hence dependent on ADLs & Cynthia Jones is the daughter & care giver

☐ Refills:  
Please circle: none, 1, 2, 3, 4, 5, 6, PRN

☐ May Substitute  
☐ May Not Substitute

Phone/Pager 4012155208 DEA/NPI #

Physician Signature

JOSEPH ORSI

Physician Print Name

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