

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 Ruth Van Dommeken Date 9-10-15

School Holmes Elementary Position 4th 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.

X 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 9/21/15 Expected return date 10/12/15

_____ I would like to use my sick/personal days

_____ I would not like to use my sick/personal days

_____ Original request for leave

X Request for extended leave

Employee Signature _____ Date _____

LEAVE APPROVAL

Principal/Designee Signature D. DeLynn Strong Date 9/11/15

Superintendent Signature A. S. A. Date 9/14/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

SPECIALTY PHYSICIANS OF ILLINOIS

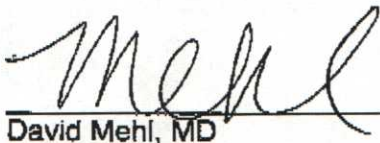
CERTIFICATE / PERMISSION TO RETURN TO WORK OR SCHOOL

Ruth Ann Vandommelen

9/9/2015

To Whom It May Concern:

Ruth is unable to return to Work until 10-13-2015.

A handwritten signature in cursive script, appearing to read "Mehl", is written over a horizontal line.

David Mehl, MD

Phone: 708-679-2310

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