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	UACIONNA WILSON Date 12-3	-13	
School	Position Pare ************************************		
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 <u>before</u> this request is processed.			
	Because of the birth of my child, or because of the placeme for adoption or foster care.	nt of a child with me	
Nagrous description of August and	In order to care for my spouse/child/parent who has a seriou	is 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		
Employee 9	Leave to start // / / / Expected return date 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	3 13 11 4 Date 12-3-13	

	LEAVE APPROVAL		
Principal/Designee Signature Date 12/03/		Date 12/03/13 Date 12/4/13	
•	Board Secretary Signature Date		
Board President Signature Date		Date	



Members at Large:

Rev. Dr. Jacqueline Anderson

Daryl Crudup

Terry McAlister

Family Christian Health Center

	Today's date: $\frac{12/2/13}{2}$	
Lisa J. Green Interim Chief Executive Officer	Re: <u>Aua donna</u> Wilson Estimated due date: <u>2/3/14</u>	
Board of Directors		
Benjamin Garrett President/Chairman	To Whom It May Concern:	
Jeffery Waddy Vice President/Vice Chairman	The above-named patient is currently under our care for her pregnancy and has requested to start her maternity leave on	
Marcus Swan Vice President/Finance	time employment. Please feel free to contact our office should you have questions at 708-596-5177.	
Kimberly Russell Secretary		
Wendi Waddy Assistant Secretary	Dr. Jamie Horn	
Nancy Mast Treasurer	Dr. Bari Parks Ballard Dr. Cheryl Thompson-Cragwell	

31 West 155th Street Harvey, Illinois 60426 Phone (#98) 596-5177 Fax (708) 339-3583