

**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 Calvin Horne Date 9/22/17

School Brooks Middle School Position Custodian

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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 \_\_\_\_\_

Leave to start 09/28/17 Expected return date Nov 06 17

- 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 Cal Horne Date 9/22/17

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**LEAVE APPROVAL**

Principal/Designee Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature Margaret J. [Signature] Date 9/23/2017

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

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



**Mark S. Cohen, MD**  
 Director, Hand and Elbow Section  
 Associate Professor of Orthopaedic Surgery  
 Rush University Medical Center

**WORK STATUS REPORT**

**HAND**

Mark S. Cohen, MD  
 John J. Fernandez, MD  
 Robert Wysocki, MD

NAME: Calvin Horne DATE: 9/22/17

DIAGNOSIS: (R) Index finger amputation

**WORK RESTRICTIONS**

**ELBOW**

Mark S. Cohen, MD  
 Brian J. Cole, MD  
 Anthony A. Romeo, MD  
 Robert Wysocki, MD

1. CANNOT WORK UNTIL SEEN AGAIN \_\_\_\_\_ CANNOT WORK UNTIL \_\_\_\_\_

2. NO USE OF INJURED HAND: RIGHT  LEFT \_\_\_\_\_

3. LIMITED USE OF INJURED HAND: RIGHT \_\_\_\_\_ LEFT \_\_\_\_\_

**SHOULDER**

Bernard R. Bach Jr., MD  
 Charles A. Bush-Joseph, MD  
 Brian J. Cole, MD  
 Gregory P. Nicholson, MD  
 Anthony A. Romeo, MD  
 Kathleen M. Weber, MD

A. SPLINT REQUIRED \_\_\_\_\_ CAST REQUIRED \_\_\_\_\_

B. WEIGHT RESTRICTION: 0 - 5 lbs \_\_\_\_\_  
 0 - 10 lbs \_\_\_\_\_  
 0 - 20 lbs \_\_\_\_\_  
 0 - 30 lbs \_\_\_\_\_

B. FUNCTIONAL RESTRICTION: NO REPETITIVE PUSHING \_\_\_\_\_  
 NO REPETITIVE PULLING \_\_\_\_\_  
 NO REPETITIVE GRASPING \_\_\_\_\_  
 NO REPETITIVE TWISTING \_\_\_\_\_

4. RETURN TO WORK WITH FULL USE OF BOTH HANDS \_\_\_\_\_

5. COMMENTS: No work with (R) arm

6. PRESENT CONDITION: QUIESCENT \_\_\_\_\_ UNCHANGING \_\_\_\_\_  
 IMPROVING  WORSENING \_\_\_\_\_

7. SURGERY INDICATED: YES \_\_\_\_\_ NO  UNDETERMINED \_\_\_\_\_

8. FOLLOW UP APPOINTMENT: 4 wks.

9. ANTICIPATED TIME TO MEDICAL DISCHARGE: TBD

PHYSICIAN: \_\_\_\_\_

**Mark S. Cohen, M.D.**  
**Dimpal Patel, MMS, PA-C**  
**Reena Patel, MMS, PA-C**  
**Jocelyn Lawhorn, MSN, APN**