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 PATRICIA MEISON Date 5	-8-14
School Brooks Missle School Position	7000 STRVE/Z
I request a family or medical leave for one or more of the following physician's certification and all required information must be subm processed.	The same of the sa
Because of the birth of my child, or because of the plan for adoption or foster care.	cement of a child with me
In order to care for my spouse/child/parent who has a s	serious health condition.
For a serious health condition that makes me unable to CONDITION ISIS NOT WORK RELATED	1
Requested intermittent or reduced leave scheduled	A PART OF THE PROPERTY OF THE PART OF THE
Leave to start 5/5/1/ Expected return I would like to use my sick/personal days I would not like to use my sick/personal of the control of	Date 5-8-14
LEAVE APPROVAL	
Principal/Designee Signature A A Soo	Date <u>3/9/14</u> Date <u>5/9/14</u>
Board Secretary Signature	Date
Board President Signature	Date

Sickilars-50



Blue Island Family Health Center

Access Blue Island Family Health Center 13000 Maple Ave. Blue Island IL 60406-2318 Office: 708-385-6100 Fax: 708-385-2051

May 5, 2014

Patient: Patricia Nelson

Date of Birth: 5/9/1953 Date of Visit: 5/5/2014

Access Community Health Network

Administrative Offices 600 W Fulton Street, Suite 200 Chicago, IL 60661

Denise Kitchen President, Board of Directors

Donna Thompson Chief Executive Officer

accesscommunityhealth.net

To Whom it May Concern:

Patricia Nelson was seen in my clinic on 5/5/2014. She may return to work on 6/2/2014

The above patient is currently followed up with scheduled tests.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Solomom Okai, MD