## 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.

	aron Whitman	0-110-110-110-110-110-110-110-110-110-1	
School <b>R</b> /*******	ley Pre-k ************************************	_Position <i></i>	ra-professional *******
	amily or medical leave for one or more of the certification and all required information mus		
	Because of the birth of my child, or because for adoption or foster care.	of the placer	ment of a child with me
	In order to care for my spouse/child/parent v	vho has a ser	ious health condition.
	For a serious health condition that makes me CONDITION IS IS NOT WORK I	e unable to pe RELATED.	erform my job. THIS
	Requested intermittent or reduced leave sche	eduled	
Employee S	Leave to start 2 /25//3 Expect  I would like to use my sick/per  I would not like to use my sick  Original request for leave  Request for extended leave  ignature 2 x x x x x x x x x x x x x x x x x x	/personal day	Date 2 . 25 . 1.3
Principal/Designee Signature Delmah Walthel Date 2/27/13			
£ 1.4.00			Date
Board Secretary Signature			Date
Board President Signature Date			Date

\* Currently has 148 sick days + 2 personal days

## DO NOT US. Dangerous Abbreviations

ug (mcg), u (unit), QD (daily), cc (ml), IU (International unit), QOD (every other day), SC or SQ (subQ), MS – MSO4 – MgSO4 (Morphine sulfate or Magnesium sulfate). Do not use a "trailing zero" 5.0mg, use 5mg. Do not use .25mg, add a "leading zero" 0.25mg,

Date	Time	Notes Should Be Signed by Physician
Feb 25.	2013	
10	whoma	It may concern:
		Ms Whitman is a patient under my care. The will need to be the growth for an undetermined amount is time. Please excure her. She will be released when her and the allows.  L. Suntand
Family Name		First Name Room No.
Attending Physician		Hosp. No.

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Advocate South Suburban Hospital PROGRESS NOTES

Patient Label

NEW 12/04

67-9552N