

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 Juli Mahorney Date 2/27/2014

School Holmes Position Sped Inclusion

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.

X 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 03 / 10 / 2014 Expected return date 04 / 07 / 2014

- X 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 Juli Mahorney Date 2/27/2014

LEAVE APPROVAL

Principal/Designee Signature Melanie Ware Date 2/28/14

Superintendent Signature A. S. A. Date 3/5/14

Board Secretary Signature Date

Board President Signature Date

24 - Sick days
1 - personal day

Gerald Cahill, MD F.A.S.C.
2850 W. 95th St. #300
Evergreen Park, IL 60805
708-422-4548

February 26, 2014

To Whom It May Concern:

My patient, Ken Mahorney, has been under my care and will be undergoing a surgical procedure on March 10th. Patient will need assistance from his wife Juli for daily activities and for transportation to follow up appointments. Ken will need to be off work 6-8 weeks.

If you have any question please feel free to contact my office at 708-422-5658.

Sincerely,



Gerald A. Cahill, MD