

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 Daniela Gaytan Date 12/12/16
School Brooks Position Bilingual Teacher

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.

A For a serious health condition that makes me unable to perform my job. THIS CONDITION _____ IS X IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 12/12/16 Expected return date 1/17/17

- _____ 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 Daniela Gaytan Date 12/12/16

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 12-14-16

Superintendent Signature [Signature]

Date 12/16/2016

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

Sick Days - 35

METRO SOUTH DOCTORS PAVILION

THEODORE G. JAMES, M.D.

2310 YORK STREET, SUITE 2C

BLUE ISLAND, IL 60406-2411

DEA # AJ 3894638

(708) 388-4903 TEL.
(708) 388-0043 FAX

NAME

DOB

DATE

ADDRESS

TAMPER-RESISTANT SECURITY FEATURES LISTED ON BACK OF SCRIPT

R

Denise will
be off work due
to medical reasons
starting 12/12/16 +
will see me prior
to returning to
work: 1/12/17
1/12/17

Refill NR 1 2 3 4 5

☐ MAY SUBSTITUTE

☐ MAY NOT SUBSTITUTE

(Signature)

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