

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 NORMA YOUNG-WHITE Date 11/30/15

School WHITTIER ELEMENTARY Position 5th 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.

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 11 / 30 / 15 Expected return date 12 / 21 / 15

- 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 *[Signature]* Date 11/30/15

LEAVE APPROVAL

Principal/Designee Signature *[Signature]* Date 11/30/15

Superintendent Signature *[Signature]* Date 12/2/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 30.5
Personal Day - 1.0

IMPORTED BY: Primary Healthcare Associates (32PC)

6703 W 159th St Suite 103 Tinley Park, IL 60477
708-342-3000 Fax: 708-342-3060

November 25, 2015

Employee: NORMA YOUNGWHITE

To Whom It May Concern:

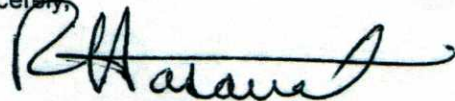
For Medical reasons, please excuse the above named employee from work for the following dates:

Start: 11/30/15

End: 12/21/15

If you need additional information, please feel free to contact our office.

Sincerely,

A handwritten signature in black ink, appearing to read "R Hasanat", written over a horizontal line.

Rewa Hasanat MD