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	pabrinabaylor		Date 1-14	-16	
School_	brooks	P	osition Tec	cher	
	family or medical leave for or s certal scution and all required				
	Because of the birth of my of for adoption or foster care.	child, or because o	f the placement	of a child with me	
	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 re	duced leave sched	uled		
		use my sick/perso te to use my sick/p st for leave		5 18116	
Employee	Signature Sabusa Bau	flon -	Dat	e 1.19.16	
	LE/	VE APPROVAI			
	m			2-1-16	
Principal/L	Designee Signature	7		Date 0 / / C	
Superinten	dent Signature / /			Date 2-1-18 Date 2/2/16	
Board Secr	retary Signature			Date	
Board Pres	ident Signature			Date	
Sick.	2040 - 46		± * * * * * * * * * * * * * * * * * * *		



01/19/2016

RE: Sabrina L Baylor DOB: 10/27/1956

To Whom It May Concern:

Sabrina was seen in our office today. She may return to work on March 8, 2016.

Sincerely,

Rowland O Mbaoma, MD