

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 LEO W. JONES Jr. Date 10/18/16

School Sandburg Position CUSTODIAN

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 10/17/16 Expected return date 11/07/16

- 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 Leo W. Jones Jr. Date 10/18/16

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10/20/16

Superintendent Signature [Signature] Date 10/20/2016

Board Secretary Signature _____ Date _____

Board President Signature [Signature] Date _____

Sick Days - 15.75

Return to Work/School Verification
Advocate Medical Group - South Holland
100 W. 162nd Street
South Holland, Illinois 60473
(708) 730-2200

Patient: JR LEO W. JONES
MRN: 1003226193
DOB: 03/08/1948

Return To Work/School Verification

Date: 10/19/2016
Patient's Name: LEO JONES
MRN: 1003226193

TO WHOM IT MAY CONCERN

The above-named person:
Has been ill or injured and unable to work from 10/17//16
May resume work on: 11/7/16

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.

Signature

Electronically signed by : LAWRENCE OKAFOR M.D.; 10/19/2016 3:20 PM CST.