

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 Bridget Williams Date 10/23/19

School Brooks Jr. High Position Paraprofessional

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 10/28/19 Expected return date 12/2/19

- 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 Bridget Williams Date 10/23/19

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10/29/19

Superintendent Signature [Signature] Date 10/29/19

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Personal - 1.5

Family Christian Health Center
31 West 155th Street
Harvey, IL 60426

Phone: (708) 596-5177
Fax: (708) 339-3583

October 23, 2019

Employee: Bridget Y Williams

To Whom It May Concern:

For medical reasons, please excuse the above-named employee from work due to significant medical conditions that require absence for the following days:

Start: October 28, 2019

End: December 2, 2019

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

Sincerely,



Denise Bockwoldt NP

Denise Bockwoldt, Ph.D., APRN
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