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.

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*****	Social Secu	urity Numbe	r/_	******	<u>385</u>	*****
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- 1 La	Because of the b				the placen	nent of a
	In order to care for condition.	or my spous	e/child/pare	ent, who	has a serio	us health
	For a serious heat job. THIS COND					
	Requested scheduled	intermi	ttent -	or re	duced	leave
	Leave to start // would	d like to used not like to	e my sick/	persona	i days.	
	✓ Original required.	uest for lea	ve	Request	for extend	ded leave
Employee	Signature	************	2000	1	Date_//	13-15
Principal/D	esignee Signature	LEAVE AF	PROVAL	_ '	Date///3	15
Superinter	dent Signature	· Wil	<u> </u>	_ !	Date ////	0/15
Board Sec	retary Signature	-		1	Date	
Board Pres	sident Signature			_ !	Date	
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Specialty Physicians of Illinois
General Surgery Department
3700 203rd. St. Suite 202 Olympia Fields, IL 60461
Tel: 708.679.2120 Fax: 708.503.3230

Return to Work

11/02/2015

To Whom It May Concern,

Morris Jones is currently under my medical care and is unable to care for himself and I ask that his wife be allow to take time off to care for my patient Mr Jones while he is recovering. I ask that she be allow to be off from 11/30/2015 to 12/4/2015. She may return to work on 12/5/2015

Due to privacy restrictions, I can not disclose the nature of the medical care. If you have any further questions or concerns, please address them with patient.

Sincerely,

David R Holt, MD