

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 Sonya Carter Date March 7, 2013

School Riley Position 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.

X For a serious health condition that makes me unable to perform my job. THIS CONDITION ___ IS X IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 3 / 19 / 13 Expected return date 4 / 22 / 2013

- X 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 Sonya Carter Date 3/7/2013

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 03/7/13
03-07-13A11-05 RCVD

Superintendent Signature _____ Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

*Currently has 52 sick days + 1 personal day



HF Medical Associates, S.C.
OBSTETRICS & GYNECOLOGY

tel 708 799 8880 | 17901 Governors Highway, Suite 102
fax 708 799 8991 | Homewood, Illinois 60430

March 4, 2013

To whom it may concern,

Ms. Sonya Cater is scheduled for surgery on March 19, 2013. She will need approximately 4-6 weeks of recovery. If you have any questions, please feel free to contact my office at 708-799-8880 or fax at 708-799-8991.



Jacqueline White, MD