

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 Sandra P. Ayala Date 05-01-13

School Bryant 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.

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 09/23/13 Expected return date 11/10/13

- 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 Sandra P. Ayala Date 05-01-13

LEAVE APPROVAL

Principal/Designee Signature Sharon Brown Date 5-8-13

Superintendent Signature Ang Wilson Date 5/13/13

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

* 19.50 sick days as of 5/10/2013

Medical Associates, S.C.

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

Account # 49564

Date: 5.6.13

Patient's name: Sandra Ayala

To whom it may concern:

This is to verify that Sandra Ayala is under my care for pregnancy with an estimated due date of 9.23.13.

Her last menstrual period was _____.

Sincerely, 

Mitchell Krawczyk, MD
Carmelita Torres, MD
Jacqueline White, MD