## 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	9/VIN HORNE Date 1-31-17	
School	Position	
I request a	family or medical leave for one or more of the following reasons. I understand that a certification and all required information must be submitted <u>before</u> this request is	
	Because of the birth of my child, or because of the placement of a child with me for adoption or foster care.	
N <del>adional de</del>	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	
1	Leave to start 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 S *******	1 1 / / /	
Principal/De	esignee Signature Welash Date Feb. 2,2017	
	esignee Signature Date Feb. 2,2017  ent Signature Date 2/10/201	/ <sub>/</sub>
Board Secre	tary Signature Date	
Board Presid	dent Signature Date	
Sick	$\sim 2$	

Personal . 5

Primary Healthcare Asociates, SC 71 West 156th Street, Suite 208 Harvey, Illinois 60426

Phone: 708-331-3748 Fax: 708-331-3605

Today's Date: January 31, 2017

Name of Patient: CALVIN HORNE 04-26-1964

The above named patient had a medical visit today.

Please take this into consideration when reviewing the time away from work.

Special Instructions:

[] None

[X] To be off the remainder of today, returning to the normal work schedule on Wednesday March 15, 2017.

	To be off until the next scheduled appointment on	7.3.49
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Sincerely,

Howard Robinson