

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 Melissa Segura Date 9-1-17

School Riley 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 10/20/17 Expected return date 1/8/18

☐ 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 Melissa Segura Date 9-1-17

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 09/05/17

Superintendent Signature Lela G. Bridges

Date _____

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

Sick Days - 15.5
Personal - 1.0

SEGURA, MELISSA (id #103768, dob: 04/09/1988)



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Date: 08/31/2017

RE: Melissa Segura, DOB: 04/09/1988, PT ID #103768

To Whom This May Concern:

I saw Melissa Segura in the office today. She is currently pregnant and needs to be excused from work for maternity leave as of 10/20/2017. She is scheduled to return, pending final postpartum visit, on 1/8/2018. Please do not hesitate to have the patient contact us with questions or concerns.

Thank you .

Sincerely,

Electronically Signed by: KATRINA LAKE, MD

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