

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 Lacy Gray Date 9-1-17
School Brooks Middle School Position IN-School

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 8/14/17 Expected return date 9/30/17

- ☒ 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 Lacy Gray Date 9-1-17

LEAVE APPROVAL

Principal/Designee Signature Lela Date _____

Superintendent Signature Lela G. Bridges Date 9-1-16

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 68
Personal - 2

Advocate Medical Group
AMG-Orland Park
9550 W. 167th St.
Orland Park, IL 60467
(708) 873-4500

Return to Work/School Verification
08/23/2017 12:00PM

Patient: LACY GRAY
MRN: 1002656464
DOB: 05/16/1954

Return To Work/School Verification

Date: 08/23/2017
Patient's Name: LACY GRAY
MRN: 1002656464

TO WHOM IT MAY CONCERN

The above-named person:
Has received treatment at this office on the following dates: 8/23/2017
May resume work on: 9/30/2017

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative.



Namrata Peswani MD

Signature

Electronically signed by : Cynthia Williams L.P.N.; 08/23/2017 12:57 PM CST.