

**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 D. Gray Date May 1, 2014

School Gwendolyn Brooks Position ISS Supervisor

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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 5/5/14 Expected return date 5/19/14

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 May 1, 2014

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 5/9/14

Superintendent Signature [Signature] Date 5/9/14

Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick Days 44



General Surgery

4400 West 95th Street, Suite 413, Physicians' Pavilion || Oak Lawn, IL 60453 || T 708.346.4055

5/01/2014

RE: Lacy Gray

DOB: 05/16/1954

To Whom It May Concern,

The above named patient to be off work starting March 24, 2014 for recovery from a surgical procedure. She may return to work on 5/19/2014 without restrictions.

Sincerely,

Adam Riker, MD