

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 Julie Mackowiak Date March 15, 2016

School Sandburg Position 4th & 5th Grade

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 04/04/2016 Expected return date 5/2/2016

- 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

To be determined by my doctor.

Employee Signature Julie Mackowiak Date 3/16/16

LEAVE APPROVAL

Principal/Designee Signature Adekunle Adedigba Date 3/18/16

Superintendent Signature [Signature] Date 4/1/16

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 57.50



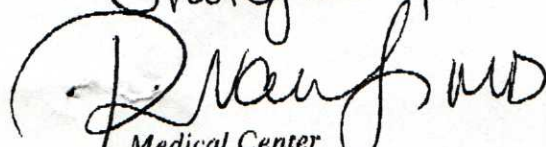
CENTER FOR PAIN TREATMENT

Renata J. Variakojis, M.D.

March 17, 2016.

Re: Patient Julie Mackowiak

Ms Mackowiak needs a medical
leave of absence for a flare
up of her lumbar radiculitis
due to lumbar disc bulging
@ L5/L6. She is to be
off work from April 4, 2016
thru May 2, 2016.

Gratefully,

Medical Center