

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 Bridget Williams Date 9/27/12
School Sandburg 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 9/27/12 Expected return date 10/29/12

☐ 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 Bridget Williams Date 9/27/12

LEAVE APPROVAL

Principal/Designee Signature _____ Date _____

Superintendent Signature _____ Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

31 West 155th Street
Harvey, IL 60426

FAX (708) 600-0000

September 27, 2012

Employee: Bridget Y Williams

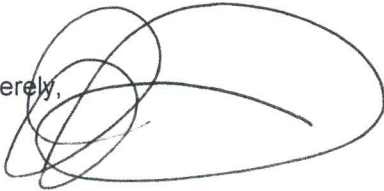
FAMILY CHRISTIAN HEALTH CENTER
31 W. 155th STREET
HARVEY, IL 60426

To Whom It May Concern:

Bridget is under my care for serious health conditions. She is not able to work at this time. She is undergoing medical testing and is seeing specialists.

If you need additional information, please feel free to contact our office.

Sincerely,



Julie Austin, APRN-BC

Next appointment is

10/23/12

