## 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 Paris Walker Date 12-15-17
School Bryant Position Assistant Princia
I request a family or medical leave for one or more of the following reasons. I understand that physician's certification and all required information must be submitted <u>before</u> 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 X_ IS NOT WORK RELATED.
Requested intermittent or reduced leave scheduled
Leave to start 1/8/18 Expected return date 2-1-18  I would like to use my sick/personal days  X I would not like to use my sick/personal days  X Original request for leave Request for extended leave  Employee Signature Days D. Walker Date 12-15-17
LEAVE APPROVAL
Principal/Designee Signature 14/18/
Superintendent Signature Date
Board Secretary Signature Date
Board President Signature Jela a. Mridger Date 1-3-1

Sick Days - 8.5



Obstetrics and Gynecology

Obstetrics and Gynecology 5758 South Maryland Avenue Chicago, Illinois 60637-1470 Phone: 773,702.6118 Fax:773-926-0740 schedule.womenscare@uchospitals.edu

12/26/17

Paris Walker 22024 Spring Lane Richton Park IL 60471

To whom it may concern:

Paris Walker is scheduled for surgery on 1/4/2018. She will require a 4 week post op recovery time, anticipating returning to work without restrictions on 2/1/2018.

Please feel free to contact me if you have any questions or concerns.

Sincerely,

Laura A Douglass, M.D.

University of Chicago Medical Center, Department of Obstetrics and Gynecology