

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 Anita Flanagan Date 7-25-14

School Harvey School District 152 Position van driver

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 8/26/14 Expected return date 11/11/14

- 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 _____ Date _____

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 7-30-14

Superintendent Signature [Signature] Date 7/30/14

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 30

Smith Medical Group
Jamiere Y. Smith, MD, FACOG
9951 South Halsted Street
T: (773)779-8285 F: (773)779-8420

Date: 7/29/2014

To: Whom It May Concern

Re: Anita Flanagan (Maternity leave) D.O.B: 07/08/2014

The above named patient was seen in this office on 7/28/2014. She was
under care from 8/26/2014 through 11/10/2014, and may return to
work/school on 11/11/2014 with/without restrictions.

Sincerely,

J. Smith

Jamiere Smith, MD, FACOG