

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 Anitra C. Hutcherson Date 11/29/18

School Brooks Middle School Position Teacher

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 12/20/18 Expected return date 1/10/19

- 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 Anitra C. Hutcherson Date 11/29/18

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 12/4/18

Superintendent Signature [Signature] Date 12/5/18

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick - 10

Daniel Troy, M.D.
Jose Perez-Sanz, M.D.
Kirsten Oliverson, M.D.
Paul Daniclsky, M.D.
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Date: 11/16/2018

Patient: Anitra Hutcherson

Diagnosis Low back pain
Spondylolisthesis, lumbar region

Comments

To Whom It May Concern:

Anitra Hutcherson is currently under my care. Anitra is scheduled to have Surgery on 12/20/18. Anitra is scheduled for a Post Op apt. on 1/4/19 where we will evaluate her for a release back to work. If you have any questions or concerns feel free to contact my office at 708-599-5000.

Daniel Troy, MD(DB)

Electronically signed on 11/29/2018 6:53:01 PM