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. Position 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 X IS IS NOT WORK RELATED. Requested intermittent or reduced leave scheduled Expected return date 06 /30 / 1 Leave to start 11/1/ 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 Date On Employee Signature LEAVE APPROVAL Principal/Designee Signature Superintendent Signature __

Board Secretary Signature Date Board President Signature 21-17P02:57 RCVD

Sick-Ø



Dedicated to Cultivating Well-Being and Resiliency

4/10/17

To whom it may concern -

I am writing this letter on behalf of Valdavia West DOB: 4-6-73.

At this time, I amasking for an extension to her current FMLA status.

Due to mental health issues, I am recommeding that Ms. West be granted an extension until June 30, 2017.

> Sincerely, Allison Fine, LCPC