

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 Tamla Day-Gilbert Date 02-24-2017

School Riley Birth to 3 Position Lead Parent Educator

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.

X 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 02/23/17 Expected return date 03/09/17

X 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 Tamla Day-Gilbert Date 02-24-2017

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 02/27/17

Superintendent Signature [Signature]

Date 3/7/2017

Board Secretary Signature _____

Date _____



Board President Signature _____

Date _____

Sick - 36.5
Personal - 2.0

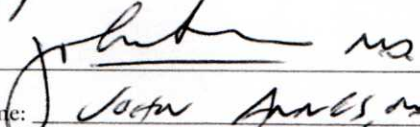
17800 South Kedzie Ave.
Hazel Crest, Illinois 60429
Telephone 708.799.8000



Date  IVR 000331925
Name GILBERT, TAMLA D
AMIN, ALKESH A. 02/27/1973 043Y F 4EST
AMIN, ALKESH A. 02/23/2017
Address 421291691 BP 

Non-Medication Orders:

TAMLA GILBERT HAD A
SURGICAL PROCEDURE ON
02/23/17 AND CAN RETURN
TO FULL DUTY ON 03/9/17.
PLEASE FEEL FREE TO
CALL WITH ANY QUESTIONS.
(708) 213-0939

Prescriber Signature:  MD
Prescriber Printed Name: JOHN ANGLINO

ON BEHALF OF DR. GUEZZETTA.

67-4053