

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 Lynette L. Lane Date 12-13-16

School Brooks Middle Position Lunchroom Hostess

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 01/05/17 Expected return date 03/07/17

☐ 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 Lynette L. Lane Date 12-13-16

LEAVE APPROVAL

Principal/Designee Signature Verg Liddell Date 12-13-16

Superintendent Signature [Signature] Date 12/13/2016

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

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Telephone: (708) 755-9355
Fax: (708) 755-7851

DEA #
Lic. #

Rakesh K. Chugh, M.D.

30 East 15th Street, Suite 308
Chicago Heights, IL 60411

Name: Rakesh K. Chugh
Date: 11-28-10

Address:

Lencon is chronically ill and requires assistance from his daughter (Lyette Lencon).

Refill: 0-1-2-3-4-PRN

☒ May Substitute
☐ May Not Substitute

M.D. _____
M.D. _____

VERIFICATION BOX: RUB BETWEEN THUMB & FOREFINGER
OR BREATHE ON IT. COLOR WILL DISAPPEAR, THEN REAPPEAR.