

## 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 Daniela Gaytan (Estrada) Date 05/09/18

School Brooks Position Bilingual Teacher

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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.

X 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 05/10/18 Expected return date 05/28/18

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 Daniela N. Gaytan Date 05/09/18

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### LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 5/9/18

Superintendent Signature [Signature]

Date 5/10/18

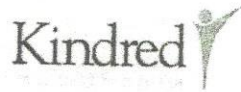
Board Secretary Signature \_\_\_\_\_

Date \_\_\_\_\_

Board President Signature \_\_\_\_\_

Date \_\_\_\_\_

Sick Days - 15



5454 Hohman Avenue  
Hammond, Indiana 46320

May 5, 2018

Ref: Daneila Gaytan

Family Medical Leave

Patient: Guadalupe Gaytan- Husband

To Whom it May Concern:

Guadalupe Gaytan has been under our medical care since April 20, 2018. His wife, Daneila is his primary caretaker. She will provide physical care as well as care coordination and psychological support.

To provide this care she will need to be off from 5/10/2018 to 5/25/2018.

She will also need time off over the next 6 months to handle his medical care, his affairs and care coordination as he will be receiving medical treatment during this time.

Sincerely,

A handwritten signature in black ink, appearing to read "Carolyn Langlie-Lesnik".

Carolyn Langlie-Lesnik RN BSN MSN CNS

Carolyn.Langlie-Lesnik@Kindred.com

219-776-9913