

# 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 Jennifer Mayer Date 1-29-14

School Bryant School Position First Grade 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.

☐ 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 4/28/14 Expected return date 8/1/14

- ☒ 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 Jennifer Mayer Date 1-29-14  
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## LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 1-29-14

Superintendent Signature [Signature] Date 2/3/14

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

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

30.50 sick days  
personal day

01-31-14A09:24 RCVD



DEEPAK MAJMUDAR, M.D.

OBSTETRICS/GYNECOLOGY

7905 CALUMET AVE.  
MUNSTER, IN 46321  
(219) 836-5800

11355 West 97th Lane  
St. John, IN 46373  
(219) 365-5577

9800 Valparaiso Court  
Munster, IN 46321  
(219) 934-9800

LIC # 01027708

DEA # AM7741831

NAME Jennifer Mayer PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ DATE 1/28/14

**Rx**

GENERIC

Above patient is under my  
care for pregnancy and has EDD of 4/28/14.  
Estimated time off following delivery  
is 6 weeks from day of delivery unless  
patient requires C-section

Refill 1 2 3 4 5 PRN NR

Industrial ☐

M.D.

M.D.

DISPENSE AS WRITTEN

**FAGEN**  
PHARMACY

MAY SUBSTITUTE