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.	, ,
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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 <u>before</u> 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/_ Expected return date 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 Date		
Principal/Designee Signature		
Superintendent Signature \(\)		, .
Board Secretary Signature		Date
Board President Signature Date		

Family Christian Health Center 31 West 155th Street Harvey, IL 60426

January 16, 2013

Employee: Bridget Y Williams

Family Christian Health Center 31 W. 155th Street Harvey, IL. 60426 (708) 596-5177 (708) 589-2082

Phone: (708) 596-5177

Fax: (708) 339-3583

To Whom It May Concern:

Bridget was seen here today. Needs to remain off work until further notice.

If you need additional information, please feel free to contact our office.

Sincerely,

Julie Austin, APRN-BC