

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 Angelica Hernandez Date 02-26-2016

School Biley Pre-K Expansion-Sandburg Position Parapro

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 04/01/16 Expected return date 08/11/16

- 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 _____ Date _____

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 03/08/16

Superintendent Signature [Signature]

Date 3/11/16

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

EDUARDO ENCINAS, M.D.

OBSTETRICS AND GYNECOLOGY
BOARD CERTIFIED

4608 SOUTH ASHLAND

CHICAGO, IL 60609

PHONE: 773-927-7573

773-927-7574

HOURS BY APPOINTMENT

Name: Hernandez Encinas A

Address: 225-10-19-94 Date: 07-26-16

R To whom it may concern:
The Above named is 32 weeks
pregnant, her due date is on
04-27-16.
Encinas

REFILL _____ TIMES

MAY SUBSTITUTE

MAY NOT SUBSTITUTE

Encinas M.D.

DOCUMENT CONTAINS VOID PANTOGRAPH, ERASURE PROTECTION, WATERMARK ON BACK.

Reorder #RX01340