## 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 K	Catherine Polk	Date October 5, 2016	
School <b>Bryant</b> ************************************		Position <b>Reading Coach</b>	
I reques	t a family or medical leave for an's certification and all require	one or more of the following reasons. I understand that a ed information must be submitted <u>before</u> this request is	
	Because of the birth of my for adoption or foster care	y child, or because of the placement of a child with me	
<u>X</u>	In order to care for my spouse/child/parent who has a serious health condition.		
		tion that makes me unable to perform my job. THIS IS NOT WORK RELATED.	
<u>x</u>	Requested intermittent or	reduced leave scheduled 10/5/2016 - 11/7/2016	
	X I would like a I would not X Original request for	extended leave	
-		Date <u>October 5, 2016</u> ************************************	
	L	EAVE APPROVAL	
Principa	al/Designee Signature	Date 10/6/10	
Superin	tendent Signature	Date 10/18/201	
Board Secretary Signature		Date	
Board F	President Signature	Date	
Sick da	ys 73		
Personal	ys 73 day 1		

SHAUNDA CHIN-BONDS, D.O.

BOARD CERTIFIED OBSTETRICS/GYNECOLOGY
3700 W. 203rd Street, Suite 110
Olympia Fields, IL 60461 708.679.1890

Name Katherine Palk AX#	
Address Age	
Address Age	
Re Please exerce above	
From Work 10/5/16 Through 10/24/14	
□ May Substitute Shamela Chrismels. □ May Not Substitute	
☐ May Not SubstituteM.D.	