

# 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 Jason Hill Date 1/17/17

School Bryant Position Teacher - 4th

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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 01/17/17 Expected return date 03/13/17

- 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 Jason D. Hill Date 1/17/17

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### LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 1/19/17

Superintendent Signature [Signature] Date 1/27/2017

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

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

Sick Days - 72

11111. JAY LATHY  
B. Thomas (108) 251-4845

**Bone and Joint Physicians - Oak Lawn**  
5540 W 111th Street Oak Lawn, IL 60453-5574  
7084238440 Fax: 7086582962

January 31, 2017  
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### Patient Information - Bone & Joint Physicians Work Note

For: Jason D Hill

Note reason: Excused from work

This is to certify that Jason D Hill was seen in the office today and is unable to work at this time. His expected return to work date is 3/13/2017.

  
SRINIVASU KUSUMA, M.D.