

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 Danielle K. Martin Date 14 Oct 15

School Brooks Middle School Position Language Arts Teacher

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 10/27/15 Expected return date 11/10/15

- 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 Danielle K Martin Date 14 Oct 15

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10-15-15

Superintendent Signature [Signature] Date 10/15/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Day - 12.0
Personal - 1.0

SPECIALTY PHYSICIANS OF ILLINOIS

OCCUPATIONAL HEALTH INJURY REPORT

Name: Danielle K Martin

Date: 10/14/2015

Date of Injury:

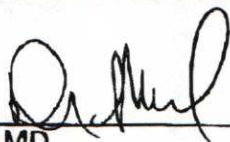
Diagnosis:

1. Primary localized osteoarthritis, lower leg, unspecified laterality
2. Long-term (current) use of anticoagulants
3. Preop testing

Treatment: Surgery

<input checked="" type="checkbox"/>	No Work Starting on 10/27/15 for approximately 2 weeks
RETURN TO WORK STATUS	
<input type="checkbox"/>	Return to work on:
<input type="checkbox"/>	Wear support or splint
<input type="checkbox"/>	Return to work on with the following restrictions:
<input type="checkbox"/>	Avoid exposure to:
<input type="checkbox"/>	Keep wound clean and dry
<input type="checkbox"/>	No climbing of stairs or ladders
<input type="checkbox"/>	No work above ground level
<input type="checkbox"/>	No work around high speed or moving machinery
<input type="checkbox"/>	No operating of mobile equipment
<input type="checkbox"/>	No lifting over lbs.
<input type="checkbox"/>	No repetitive bending at the waist
<input type="checkbox"/>	Keep lifting between shoulder and knee level
<input type="checkbox"/>	No push or pull over lbs.
<input type="checkbox"/>	No kneeling or crawling
<input type="checkbox"/>	No squatting
<input type="checkbox"/>	No reaching above shoulder level
<input type="checkbox"/>	No use of:
<input type="checkbox"/>	Limited use of:
<input type="checkbox"/>	Sitting job only
<input type="checkbox"/>	Consider permanent restriction
<input type="checkbox"/>	Consultation:

If the above restrictions constitute light duty and such is not available, it is assumed that the patient will be sent home rather than allowed to work.



David Mehl, MD

Form must be returned to company today.