

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 Ta'Shona Pernell-Hayes Date 5/7/13

School Angelou & Sandburg Position Speech & Language

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 5/30/13 Expected return date 10/1/13

- 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 Ta'Shona P-H Date 5/7/13

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 5/8/13
05-10-13P02:28 RCVD

Superintendent Signature _____ Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____



Women's Healthcare of Illinois

Obstetrics, Gynecology, and Urogynecology

www.whcillinois.com

05/07/2013

Tashona Pernell Hayes
748 Manteca Ct.
Unit 5
University Park, IL 60466

Patient Name: Pernell Hayes, Tashona

DOB: 12/12/1973

To whom it may concern;

The above patient is scheduled for surgery on 05/30/2013. She is unable to return to work until she is re-evaluated.

Please feel free to contact our office with any further questions regarding this patient.

ADDITIONAL COMMENTS:

Sincerely,
Nichole M. Butler MD

cc:

Evergreen Park

9730 South Western Ave., Suite 100
Evergreen Park, IL 60805
Phone: (708)425-1907
Fax: (708)422-4253

Orland Park

9601 West 165th Street, Suite 2
Orland Park, IL 60467
Phone: (708)349-7310
Fax: (708)349-6916