

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 Ruth Ann VanDommelen Date Aug 4, 2015

School Holmes Position 4th Grade

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.

X For a serious health condition that makes me unable to perform my job. THIS CONDITION _____ IS X IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 08/13/15 Expected return date 09/21/15

- _____ 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 [Signature] Date Aug 4, 2015

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 8.4.15

Superintendent Signature [Signature] Date 8/6/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

SPECIALTY PHYSICIANS OF ILLINOIS

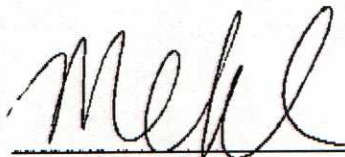
CERTIFICATE / PERMISSION TO RETURN TO WORK OR SCHOOL

Ruth Ann Van dommelen

7/20/2015

To Whom It May Concern:

Ruth is able to return to Work on 9-21-2015 (estimate) with the following remarks /
restrictions: none

A handwritten signature in cursive script, appearing to read 'Mehl', is written over a horizontal line.

David Mehl, MD

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