REQUEST FOR FAMILY OR MEDICAL LEAVE

Request for Family or Medical Leave must be made in writing, if practical, at least 30 days

Name Anita R. Hawkins-Day Date 8-12-18 Brooks Middle School Position Paraprofes	
Brooks Middle School Position Paraprofes	sional
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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 w	ith me
In order to care for my spouse/child/parent who has a serious health condi	ition.
For a serious health condition that makes me unable to perform my job. To CONDITIONISIS NOT WORK BELLATED	THIS
Requested intermittent or reduced leave scheduled	
Leave to start 8 / 13 / 18 Expected return date 9 / 34/ 1 I would like to use my sick/personal days I would not like to use my sick/personal days	
Employee Signature Mula R Hawkins - Day Date 8-1	2-18
Superintendent Signature Detc_8	B-15-18
Board Secretary Signature Date	

Sick Days-15.5



Obstetrics and Gynecology

Obstetrics and Gynecology 5758 South Maryland Avenue Chicago, Illinois 60637-1470

Phone: 773.702.6118 Fax:773-926-0740

schedule.womenscare@uchospitals.edu

08/06/18

Return to Work/School

To Whom It May Concern:

This is to advise that Anita Day was undergoing surgery on 8/8/18, and will be able to return on September 24, 2018.

Restrictions include: no heavy lifting (>10 pounds).

If you have any questions or if we can be of further assistance, please do not hesitate to contact us.

Sincerely.

Sandra Valaitis, M.D.