

**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 Michelle Piantek Date 3/16/2020

School Riley Position 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 5/11/2020 Expected return date Beginning of 2020/2021 school year

- 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 Michelle A Piantek Date 3/16/2020

\*\*\*\*\*

**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 3/16/2020

Superintendent Signature [Signature] Date 3-16-2020

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

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

Sick Days - 39.5



# Women's Healthcare of Illinois

Obstetrics, Gynecology, and Urogynecology

[www.whcillinois.com](http://www.whcillinois.com)

03/16/2020

Michelle Piantek  
6943 Olde Gatehouse Rd  
Tinley Park, IL 60477

**Patient Name:** Piantek, Michelle

**DOB:** 02/22/1980

To Whom it May Concern;

The above patient is pregnant and her expected date of delivery is 05/16/2020.

Restrictions: None

Complications: None

Maternity Leave: Requests she start maternity leave effective 05/11/2020

Date of last visit: 03/07/2020

Date of next visit(s): 03/17/2020 05:00 PM

Notes: Patients return to work date will be established at her Post Partum Visit and new letter will be generated with that date of return to work at that time.

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

Sincerely,  
Nicole Orwar DO

cc:

## Evergreen Park

9730 South Western Ave., Suite  
Evergreen Park, IL  
Phone: (708)425-1907  
Fax: (708)469-4315

## Mokena

10260 West 191st Street, Suite  
Mokena, IL 60448  
Phone: (708)425-1907  
Fax: (708)469-4315