

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 Vicki A. Miller Date _____

School Brooks Position Food Service Hostess

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 10, 26, 17 Expected return date 05, 126, 17

- X 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 Vicki A. Miller Date 12-22-17

LEAVE APPROVAL

Principal/Designee Signature Vera Liddle Date 12-22-17

Superintendent Signature Lela A. Bridges Date 1-3-18

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 39

IMPORTED BY: Primary Healthcare Associates - Orthopedics

19550 Governors Hwy Suite 1400 Flossmoor, IL 60422

708-429-0907 Fax: 708-429-0802

October 26, 2017

VICKI MILLER 9/16/1961

To Whom It May Concern:

VICKI MILLER is scheduled to have surgery on 11/16/2017 at Ingalls Memorial Hospital and estimate time off work is 4-6 months.

For any questions, please contact Dr. Nigro's office at (708) 429-0907 or fax at (708) 429-0802.

Sincerely,

Dr. Phillip Nigro
Orthopedic Surgeon