## **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	Sharon Patrick	Date	September 21, 2015
School	Brooks	Position	teacher
*****	******	****	*****
	a family or medical leave for one or more s certification and all required information.		
	Because of the birth of my child, or b for adoption or foster care.	because of the place	cement of a child with me
-	In order to care for my spouse/child/p	parent who has a s	erious health condition.
X	For a serious health condition that matcondition $\_$ IS $\X$ IS NOT W		
	Requested intermittent or reduced lea	ve scheduled	
	Leave to start 9/ 22/2015 I would like to use my s I would not like to use n Original request for leave	sick/personal days my sick/personal d	
	Request for extended le		
		)	
Employee	Signature Standor		Date9/21/2015
*****	*******	******	*****
	LEAVE APP	PROVAL	
Principal/	Designee Signature		Date <u>9-21-15</u>
Superinter	ndent Signature <u>A. A. C.</u>	/	Date 9/22/15
Board Sec	eretary Signature		Date
Board Pre	sident Signature		Date
Loug	3-28		

09-21-15P12:41 RCVD

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## Northwestern Medical Faculty Foundation, Inc.

Medical Specialities 675 North St. Clair Street Suite 14-100 Chicago, Illinois 60611 www.nmff.org

September 21, 2015

RE: Appeal and Grievance for Medication Coverage Patient Name Sharon Patrick DOB: 8/10/1973 ID#: 08164867

To Whom it May Concern:

Ms Patrick needs to be off from work another month due to her medical condition.

We anticipate a full recovery, but at this time, Ms. Patrick needs to continue treatments and physical therapy.

If you have any other questions, please do not hesitate to call me. I can be reached at 312-695-8628.

Sincerely,

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Monique E. Hinchcliff, MD MS Northwestern University Feinberg School of Medicine