

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 Marilyn Whitfield Date Jan. 25, 2016
School Brooks Position Computer Asst.

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.

X Requested intermittent or reduced leave scheduled leave for surgery

Leave to start 01/27/16 Expected return date 02/02/16

- 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 Marilyn Whitfield Date 1/25/2016

LEAVE APPROVAL

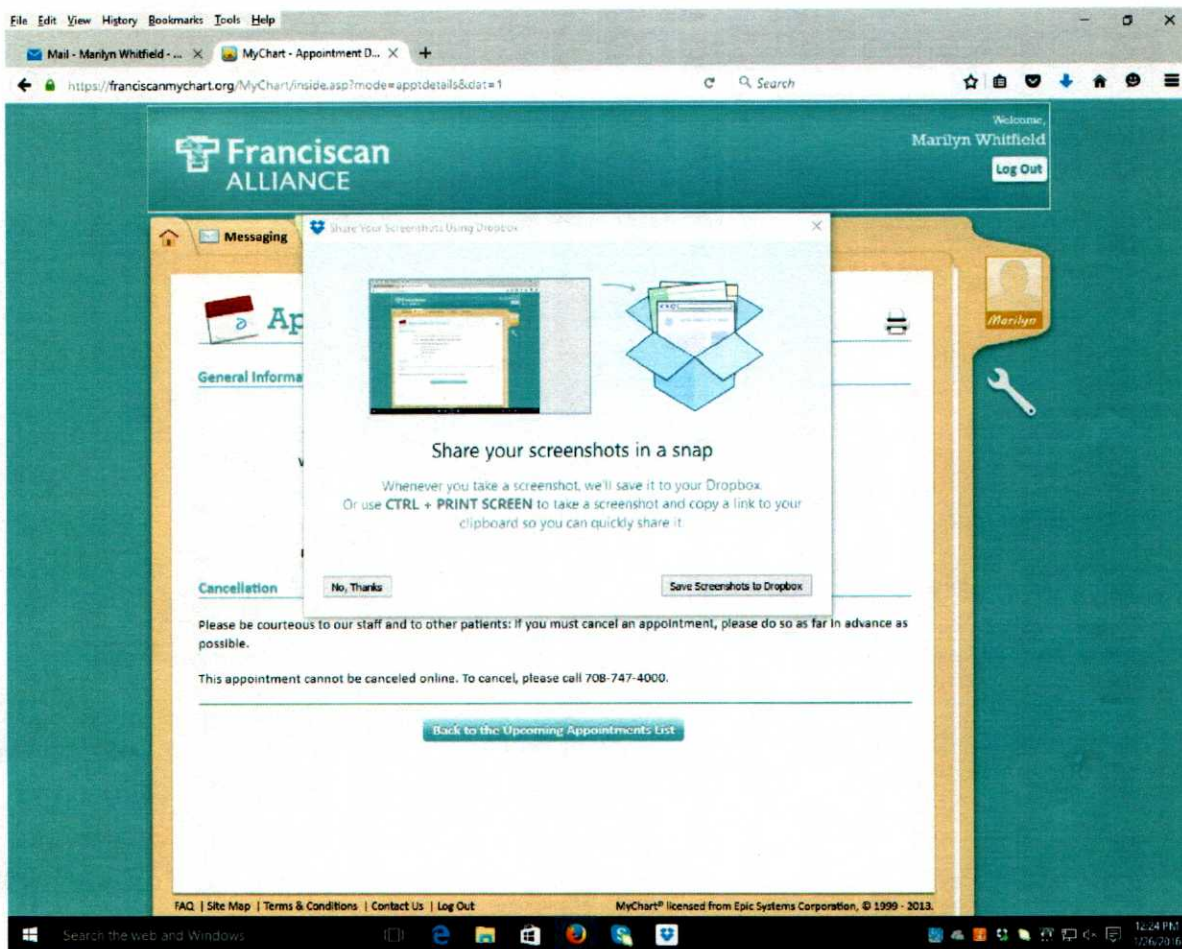
Principal/Designee Signature [Signature] Date 1-25-16

Superintendent Signature [Signature] Date 2/2/16

Board Secretary Signature Date

Board President Signature Date

Sick Days - 1.5
Personal - 1.0



This patient information was documented in a different time zone from your current time zone and is read-only. Additionally, time-sensitive data might not appear. To see all of the patient information, and to edit or add documentation, log in from the patient's time zone.

Patient's time zone:America/Chicago Your current time zone:America/New_York

Warning! This summary shows information as of your visit. It might not contain the most up-to-date information in your chart.

Most Recent After Visit Summary

Marilyn Whitfield	
Description:	Female DOB: 9/11/1984

1/7/2016 11:15 AM Office Visit	Provider: Perez Tamayo, Alejandra, MD
	Department: Spi Cci Breast Surgery

To-Do List

Future Appointments	Provider	Department	Dept Phone
1/14/2016 9:00 AM	Ghouse, Masood, DO	SPECIALTY PHYSICIANS OF ILLINOIS, LLC ONCOLOGY	708-747-4000
3/1/2016 4:00 PM	SJ OF INFUSION CHAIR 10	OP Infusion	708-747-4000

Future Orders	Complete By	Expires
COMPLETE BLOOD COUNT WITH AUTO DIFF [85025 CPT(R)]	As directed	1/7/2017
COMPLETE BLOOD COUNT WITH AUTO DIFF [85025 CPT(R)]	As directed	1/7/2017

All Open Standing Orders

None

All Open Future Orders

	Expires	Ordered
MRI BREAST BILATERAL W WO CONTRAST 77059 [RAD10706]	07/13/16	07/13/15
COMPLETE BLOOD COUNT WITH AUTO DIFF [110000]	01/07/17	01/07/16
COMPLETE BLOOD COUNT WITH AUTO DIFF [110000]	01/07/17	01/07/16

Instructions

Your procedure is scheduled for January 28, 2016 at 1pm,

Please go to lab at 3700 w 203rd st ste 106 to have cbc and cmp drawn

St James Surgery Center
(In Olympia Fields)
20201 Crawford Ave
Olympia Fields, IL 60461
Phone # 7080 747-4000 x 87212 or 87215
PAT Fax # 708) 503-3837

Preparing the Skin before Surgery

1. Shower or bathe with antibacterial soap and shampoo hair night before surgery and completely dry skin.
2. Wait 1 hour.
3. Open Sage Cloths.
4. With the first cloth, concentrate specifically on the surgical area. Throw away.
5. Let dry completely.

- * Sage cloths should not be used on hair, face, or genital area.
- * After wiping, do not rinse off with water or wash with soap.
- * Do not flush cloths.