

Brittany Lee

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 Measie Hodges Date _____

School Sandburg Position Secretary

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 11/23/15 Expected return date 12/7/15

- _____ 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 Measie Hodges Date 11/23/15

LEAVE APPROVAL


Principal/Designee Signature [Signature] Date 11/24/15

Superintendent Signature [Signature] Date 12/2/15

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

4440 West 95th Street
Oak Lawn, Illinois 60453
Telephone 708.684.8000

 Advocate Christ Medical Center

Date	LEE, BRITTANY S	MED 001509423	025Y F ER
Name	TAUB, ETHAN	08/22/1990	11/17/2015
Address	TAUB, ETHAN		
	564495901 PM		

Rx

pt needs 24 hour assist
at home - from
11/21/15 - follow up appt
in 2 weeks
~ 12/7/15

Refill: _____ Times 1 Year No Refill

May Substitute May Not Substitute

Prescriber Signature: 

Prescriber Printed Name: Roberto Munoz

DEA No. _____

01-0323

CMC 28415