## 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. Namel School \( \int \) 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 12 / 11 / 1 Expected return date 2 / 6/18 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 (1777) Date 11 13 17 ŁÉAVE APPROVAL Principal/Designee Signature 1 Superintendent Signature Mu agante Date \_ / 1. 14. 1 Board Secretary Signature\_\_\_\_ Board President Signature Date

Sick-10 Personal-0



17850 S. Kedzie Ave. Suite #1500 Hazel Crest, IL 60429 PHONE: 708-799-7780 FAX: RESULTS 708-433-2730

11/6/2017

Jamila Dozier DOB: 07/17/1980

To Whom It May Concern:

This is to certify that the above patient is scheduled for a major surgery on Monday December 11, 2017. The patient will be totally disabled from work related activities until further determination. I am anticipating a minimal of 6/8 weeks.

Sincerely,

Monique Jones, MD