

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 Jessica Boersma Date 8/14/13

School Angelou Position Teacher

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 10/21/13 Expected return date 12/16/13

- 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 Jessica Boersma Date 8/14/13

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 8/19/13

Superintendent Signature [Signature] Date 8/29/13

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

LAWN OBSTETRICS & GYNECOLOGY, S.C.
ASSOCIATES, LTD.

SAM F. FLOSI, D.O., F.A.C.O.G.

DEA # BF 1467097

JACK A. DOAH, D.O., F.A.C.O.G.

DEA # BD 5078298

16609 S. 107TH COURT

ORLAND PARK, IL 60467

(708) 645-8080

NAME Jessica Turner AGE

ADDRESS _____ DATE 7/5

TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R

Jessica Turner is
pregnant and under
my care. Her
due date is

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

10/21/13

Refill NR 1 2 3 4 5

MAY SUBSTITUTE

MAY NOT SUBSTITUTE

(Signature)

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