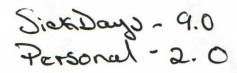
## **REQUEST FOR FAMILY OR MEDICAL LEAVE**

**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 DerrikA Williams Date 3/11/15
School CO Position Grant Clerk
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 <u>before</u> 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 <u>4 /10 / 15</u> Expected return date <u>6 72 / 15</u> <u>4</u> I would like to use my sick/personal days <u>5</u> I would not like to use my sick/personal days <u>6</u> Original request for leave <u>6</u> Request for extended leave
Employee Signature Deur Sullaus Date 3/11/15
***************************************
Principal/Designee Signature Date 3/11/15
Superintendent Signature A. A. D. Date
Board Secretary Signature Date
Board President Signature Date



HOMEWOOD FLOSSMOOR MEDICAL ASSOCIATES,SC EWOOD FLOSSMOOR MEDICAL ASSOCIATE MITCHELL KRAWCZYK, M.D. DEA # BK 0371308 CARMELITA TORRES, M.D. DEA # BT 6128018 JACQUELINE D. WHITE, M.D. DEA # BW 6895556 OBSTETRICS & GYNECOLOGY 17901 GOVERNORS HIGHWAY, SUITE 102 HOMEWOOD, IL 60430 (708) 799-8880 NAME DErrika a AGE DATE 3 101 ADDRESS Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND MS. Williams will Start materinity lecive It 38 weeks. 1 MAY SUBSTITUTE MAY NOT SUBSTITUTE MAY REFILL TIMES (Signature 0 5FOB1372702