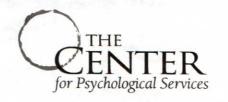
REQUEST FOR FAMILY OR MEDICAL LEAVE

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 Adama B West Date 100. 24, 2011
	. CTB WAS
	School Position Position Positi
	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 some for more energy/abild/more truly above a conjugation bould condition
	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 X IS IS NOT WORK RELATED.
	Requested intermittent or reduced leave scheduled
	Leave to start 0/05/17 Expected return date 07/24/17
	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 Date an 24, 2017

	<u>LEAVE APPROVAL</u>
	nach
	Principal/Designee Signature Date - V-//
	Superintendent Signature Date 2/1/201
	Superintendent Signature Date Date
	Board Secretary Signature Date
	Board President Signature Date
	Board President Signature Date
1	1 2 1
	Comment



Dedicated to Cultivating Well-Being and Resiliency

January 23, 2017

To Whom it may concern—

Valdavia West - DoB 4-6-73

Continues to be under my care

treating her mental health issues.

I am recommending that Ms. West Continue on leave, extending her time until the return from Spring Break.

Ms. West will be re-evaluated at the end of Spring Break in order for a release to return to work authorization.

Sincerely, Allian Fine, LCPC