

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 Bridget Williams Date 12/9/13

School C L A S S Position para professional

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 12/11/13 Expected return date 1/7/14

- 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 Bridget Williams Date 12/9/13

LEAVE APPROVAL

Principal/Designee Signature _____ Date _____

Superintendent Signature [Signature] Date 12.11.13

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Family Christian Health Center
31 West 155th Street
Harvey, IL 60426

Phone: (708) 596-5177
Fax: (708) 339-3583

December 9, 2013

Employee: Bridget Y Williams

**Family Christian Health Center
31 West 155th Street Suite D
Harvey, IL 60426**

To Whom It May Concern:

Bridget is scheduled for surgery at UIC on Thursday 12/12/13. Her last day of work prior to surgery will be 12/10/13. Her surgeon will need to provide you with clearance to return to work.

Sincerely,



Julie Austin, APRN-BC