

**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 Sabrina Baylor Date 12-8-15

School Brooks Position Teacher

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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 12,14,15 Expected return date 2/1/16

- 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 Sabrina Baylor Date 12-8-15

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 12-9-15

Superintendent Signature [Signature] Date 12/10/15

Board Secretary Signature \_\_\_\_\_ Date \_\_\_\_\_

Board President Signature \_\_\_\_\_ Date \_\_\_\_\_

Sick Days - 71.5



**Franciscan**  
PHYSICIAN NETWORK

October 20, 2015  
FHC FAMILY WELLNESS  
FRANCISCAN PHYSICIAN NETWORK GENERAL SURGERY  
9800 Valparaiso Dr  
Munster IN 46321-4040  
Phone: 219-934-9800

RE: Sabrina L Baylor  
DOB: 10/27/1956

To Whom It May Concern: Sabrina Baylor is under our care due to her current medical condition, she is not allowed to resume work until 2/1/2016.  
For any questions or concerns please call our office.

Sincerely,



Jovenel Cherenfant, MD

9800 Valparaiso Dr, Munster, IN, 46321-4040 | T: 219-934-9800 | F: 219-836-7593