

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 Phyllis Jones Date 8/14/14

School Angelou Position Attendance Monitor

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 Attached

9/10+11/14
9/16/14
9/24+25/14
9/30/14
10/14/14

Leave to start ~~9/10/14~~ Expected return date ~~10/15/14~~

I would like to use my sick/personal days 9/12/14

I would not like to use my sick/personal days 9/17/14

Original request for leave 9/26/14

Request for extended leave 10/11/14

Employee Signature Phyllis Jones Date 10/15/14 8/15/14

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 8/15/14

Superintendent Signature [Signature] Date _____

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 11

SURGERY APPOINTMENT SCHEDULE

MEASUREMENTS IN THE OFFICE:

Aug 19 11¹⁵

Not
this
day

SURGERY AT SURGICAL CENTER:

Sept 10 Right

ONE DAY POST -OP AT OFFICE:

Sept 11 8¹⁰

ONE WEEK POST-OP AT OFFICE:

Sept 16 8³⁰

ONE MONTH POST-OP AT OFFICE:

no need

SECOND EYE SURGICAL DATE:

Sept 24 Left

ONE DAY POST OP AT OFFICE:

Sept 25 9⁰⁰

ONE WEEK POST-OP AT OFFICE:

Sept 30 8³⁰

ONE MONTH POST-OP AT OFFICE:

Oct 14 9¹⁵

YOUR GLASSES WILL BE PRESCRIBED AT THE LAST ONE MONTH OFFICE VISIT

RECEIPT

Olympia Fields Eyecare
3700 W 203rd Street Ste 103
Olympia Fields, IL 60461
Phone (708)748-5202
Fax (708) 748-7305

Mr. Morris Jones
18623 Lorris Ct
Country Club Hill, IL 62237

Account #: 24012
Patient(s): Jones, Morris

DATE	DOS	PATIENT	ACTIVITY	ID	UNITS	AMOUNT	ADJUST	CREDIT
08/19/14			Pmt - Cash	***		\$0.00	\$0.00	\$35.00
Grand Totals for the period beginning 8/19/2014:						\$ 0.00	\$ 0.00	\$ 35.00
Total Receipt Balance:							-\$	35.00
Responsible Balance:			\$	5.00	Previous Balance:		\$	40.00
Amount Expected from Insurance:			\$	0.00	Account Balance:		\$	5.00

WE APPRECIATE YOUR TIMELY PAYMENT. THANK YOU.

FUTURE APPOINTMENTS

DATE	TIME	DAY	LOC	DEPT	ID	PROVIDER	REASON	STATUS
Jones, Morris								
09/10/14	11:00 am	Wednesday	103		EWJ	Eric W Johnston	PHACO	B
09/11/14	8:10 am	Thursday	103		MJJ	Martin J Joffe	PostOpFU	B
09/16/14	8:31 am	Tuesday	103		EWJ	Eric W Johnston	PostOpFU	B
09/24/14	10:00 am	Wednesday	103		EWJ	Eric W Johnston	PHACO	B
09/25/14	9:00 am	Thursday	103		SSB	Sharon Burke	PostOpFU	B
09/30/14	8:31 am	Tuesday	103		EWJ	Eric W Johnston	PostOpFU	B
10/14/14	9:15 am	Tuesday	103		EWJ	Eric W Johnston	PostOpFU	B