

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 Ruth Ann Van Dommelen Date Oct 21 2014

School Holmes Position 4 Teacher

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.

X For a serious health condition that makes me unable to perform my job. THIS CONDITION ___ IS X IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 10/31/14 Expected return date 11/17/14

- X 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 [Signature] Date Oct 21, 2014

LEAVE APPROVAL

Principal/Designee Signature Dorilyn Strong Date 10/21/14

Superintendent Signature [Signature] Date 11/7/14

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 6.5
Personal Days - 2.0

SPECIALTY PHYSICIANS OF ILLINOIS

OCCUPATIONAL HEALTH INJURY REPORT

Name: Ruth Ann Vandommelen

Date: 10/28/2014

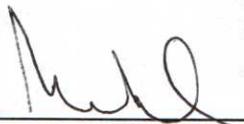
Date of Injury:

Diagnosis: No diagnosis found.

Treatment: RIGHT SHOULDER ARTHROSCOPIC SURGERY ON 10-31-2014

<input checked="" type="checkbox"/>	No Work (BEGINNING 10-31-14 THRU 11-17-14 APPROX.)	Return to Clinic: 11-03-2014
RETURN TO WORK STATUS		
<input type="checkbox"/>	Return to work on:	
<input type="checkbox"/>	Wear support or splint	
<input type="checkbox"/>	Return to work on with the following restrictions:	
<input type="checkbox"/>	Avoid exposure to:	
<input type="checkbox"/>	Keep wound clean and dry	
<input type="checkbox"/>	No climbing of stairs or ladders	
<input type="checkbox"/>	No work above ground level	
<input type="checkbox"/>	No work around high speed or moving machinery	
<input type="checkbox"/>	No operating of mobile equipment	
<input type="checkbox"/>	No lifting over lbs.	
<input type="checkbox"/>	No repetitive bending at the waist	
<input type="checkbox"/>	Keep lifting between shoulder and knee level	
<input type="checkbox"/>	No push or pull over lbs.	
<input type="checkbox"/>	No kneeling or crawling	
<input type="checkbox"/>	No squatting	
<input type="checkbox"/>	No reaching above shoulder level	
<input type="checkbox"/>	No use of:	
<input type="checkbox"/>	Limited use of:	
<input type="checkbox"/>	Sitting job only	
<input type="checkbox"/>	Consider permanent restriction	
<input type="checkbox"/>	Consultation:	

If the above restrictions constitute light duty and such is not available, it is assumed that the patient will be sent home rather than allowed to work.



David Mehl, MD

Form must be returned to company today.