

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 Jessica Boersma Date 3/5/15

School Maya Angelou 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 5/8/15 Expected return date 8/13/15

- ☒ 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 Jessica Boersma Date 3/5/15

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**LEAVE APPROVAL**

Principal/Designee Signature [Signature] Date 3/10/15

Superintendent Signature [Signature] Date \_\_\_\_\_

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

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

Sick - 5.0  
Personal - 1.0

LAWN OBSTETRICS & GYNECOLOGY, S.C.  
ASSOCIATES, LTD.  
SAM F. FLOSI, D.O., F.A.C.O.G.  
DEA # BF 1467097  
JACK A. DOAH, D.O., F.A.C.O.O.G.  
DEA # BD 5078298  
16609 S. 107TH COURT  
ORLAND PARK, IL 60467  
(708) 645-8080

NAME Jessica Boersma AGE 25  
ADDRESS \_\_\_\_\_ DATE 3/4/15


TAMPER-RESISTANT FEATURES INCLUDE: SAFETY-BLUE  
ERASE-RESISTANT BACKGROUND, "ILLEGAL" PANTOGRAPH,  
QUANTITY CHECK-OFF BOXES AND REFILL INDICATOR

R

Jessica Boersma is  
pregnant and under my  
care. Her due date  
is 5/24/15

- ☐ 1-24  
☐ 25-49  
☐ 50-74  
☐ 75-100  
☐ 101-150  
☐ 151 and over  
\_\_\_\_\_ Units

Refill NR 1 2 3 4 5  
☐ MAY SUBSTITUTE  
☐ MAY NOT SUBSTITUTE

  
(Signature)

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