

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 Mae Atrice Cole Date 1-5-2015

School Bryant School Position _____

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 12/12/2014 Expected return date 1/19/2015

☒ 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 _____ Date _____

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 1/7/14

Superintendent Signature [Signature] Date 1/7/2015

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 30
Personal Days - 2

JAN 15 1:56PM

IMPORTED BY: All

Fax:

January 6, 2015

Employee: MAEATRICE COLE

To Whom It May Concern:

For Medical reasons, please excuse the above named employee from work for the following dates:

Start: Dec 12, 2014

End: Jan 19, 2015 may return w/o restriction.

If you need additional information, please feel free to contact our office.

Sincerely,

Kavitha Bathala MD



Dr. Kavitha Bathala
6703 W. 159th Street
Suite 107
Tinley Park, IL. 60477

708-444-8282 phone

708-444-4904 Fax