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.

prior to the date the requested reade is to deph.	
Name Bridget Nilliams Date 1/	13/15
School Position Position	ara professional
I request a family or medical leave for one or more of the following reaphysician's certification and all required information must be submitted processed.	
Because of the birth of my child, or because of the placem for adoption or foster care.	ent of a child with me
In order to care for my spouse/child/parent who has a serie	ous health condition.
For a serious health condition that makes me unable to per CONDITION IS IS NOT WORK RELATED.	form my job. THIS
Requested intermittent or reduced leave scheduled	
Leave to start // /2//15 Expected return dat 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 11/13/15
LEAVE APPROVAL	
Principal/Designee Signature	Date $1 - 16 - 15$ Date $11 - 17 - 15$
Board Secretary Signature	Date
Board President Signature	Date

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NAME S	Bridget 4) illians	na	DATE 11-5-15
ADDRESS		a and the providence of the action of the		AGE
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