

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 Katherine Polk Date 11.7.2014

School Bryant Position Reading Coach

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.

X 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.


X Requested intermittent or reduced leave scheduled _____

Leave to start 11/10/2016 Expected return date 11/28/2016

☒ 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 Katherine Folk Date 11.7.2016


LEAVE APPROVAL

Principal/Designee Signature 

Date 11/9/16

Superintendent Signature _____

Date 11/01/2016

Board Secretary Signature 

Date _____

Board President Signature _____

Date _____

Sick Days - 64.00

Name Katherine Polk RX # _____
Address _____ Age _____
Phone _____ Date 11/7/16

R Katherine is assisting
with the care of daughter
who delivered prematurely via
cesarean section.

Her assistance is needed
thru 11/28/16

☐ May Substitute Tiphne Sharpe M.D.

☐ May Not Substitute _____ M.D.

Refill _____ times

DEA # _____