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	150 Salba	P.	Carbajal	Date	4/24/15
School_	46/mes	****	*******	Position_	Attendance Monitor
I request	a family or medican's certification and	ıl leave	for one or more of	the following	g reasons. I understand that a nitted <u>before</u> this request is
	Because of the for adoption or			use of the pla	acement of a child with me
/	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				
	I	would would Original	like to use my sick/ not like to use my s request for leave for extended leave	personal day	days
Employe	ee Signature	*****	*******	******	Date <u>4/27/15</u> *********
			LEAVE APPRO	OVAL	
Principal/Designee Signature Dollyn Grong. Superintendent Signature					Date 4/29/15 Date 4/30/15
Board Secretary Signature					Date
Board President Signature					Date

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Medical Group

Cardiothoracic Surgery

Evanston Hospital 2650 Ridge Avenue Evanston, Illinois 60201 www.northshore.org

Phone (847) 570-2868 Fax (847) 733-5005

April 24, 2015

RE: Rose Carbajal, daughter of Juana D. Salas

To: Harvey Public School System District 152

To Whom It May Concern:

At the request of Rose Carbajal, we are writing this letter regarding Juana D. Salas.

Ms. Salas is currently hospitalized at Evanston Hospital, following surgery. Her discharge date is unknown. Her daughter, Rose Carbajal, is Ms. Salas' primary caregiver. Please direct any concerns regarding FMLA for Ms. Carbajal to our office.

Sincerely,

Paul J Pearson MD PhD Division Chief, Cardiovascular Surgery Owen L. Coon Chair of Cardiothoracic Surgery NorthShore University HealthSystem (847) 570-2868