

# 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 Ryan Kenney Date 10-20-14

School Bryant Elementary Position Physical Education

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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 2/2/15 Expected return date 2/17/15

☒ 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 Ryan Kenney Date 10-20-14

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## LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 10/27/14

Superintendent Signature [Signature]

Date 11/3/2014

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Sick Days - 25.0  
Personal - 1.0

*Lifecircle Women's Health, S.C.*

**KIMBERLY A. MULLIN, M.D.**

**MARGARET M. NASH, APN**

**7800 W. COLLEGE DRIVE**

**PALOS HEIGHTS, ILLINOIS 60463**

**(708) 361-2400 • FAX (708) 361-8459**

DATE 9-18-14

TO WHOM IT MAY CONCERN:

Angela Kenney  
18120 Lake Shore Dr  
Orland Park, IL 60467  
12/27/1985 (708) 860-8532

HE / SHE:

\_\_\_\_\_ IS UNDER MY CARE.

- ☐ WAS SEEN IN MY OFFICE TODAY.
- ☐ IS RELEASED TO RETURN TO WORK ON \_\_\_\_\_
- ☐ IS UNABLE TO RETURN TO WORK AT THIS TIME BECAUSE \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- ☐ IS ABLE TO RETURN TO SCHOOL ON \_\_\_\_\_
- ☐ IS / IS NOT ABLE TO PARTICIPATE IN THE PHYSICAL EDUCATION PROGRAM AT SCHOOL.
- ☐ RESTRICTIONS: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

☒ OTHER: Angela Kenney is a patient of ours  
with a delivery date of 1/31/15

Kimberly Amfullines

, M.D.