

## 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 Dominique Gilmore Date March 11<sup>th</sup>, 2014

School Lowell-Longfellow Position Kdg Teacher  
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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 04/07/14 Expected return date 05/19/14

- ☒ 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 Dominique Gilmore Date 3-11-14  
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### LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 3/11/14

Superintendent Signature [Signature] Date 3/13/14

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

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

31-sick days

Southwest Women's Healthcare Associates

3700 W. 203<sup>rd</sup> Street, Suite 110

Olympia Fields, IL 60461

Phone: 708-679-1890

Fax: 708-747-9859

*Dexter E. Arrington, M.D.*

*Nanette James-Patrick, M.D.*

*Shaunda Chin-Bonds, D.O.*

Date: 3-11-14

- ✓ To Whom It May Concern:
- ✓ This is to certify that Ms. Dominique Gilmore
- ✓ Is pregnant and her expected date of delivery is 4-16-14
- ✓ May travel.
- ✓ May have routine dental care with extractions and Novocain.
- ✓ Pregnancy is complicated by \_\_\_\_\_
- ✓ Must be on complete bedrest until \_\_\_\_\_
- ✓ Is restricted to \_\_\_\_\_
- ✓ May return to school/work without restrictions on \_\_\_\_\_
- ✓ Date of first visit 9-14-13
- ✓ Date of last visit 3-5-14
- ✓ If you have any questions, please do not hesitate to contact the office.

Thank you.

*Dr. Dexter Arrington/RTT*

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