

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 LEO W JONES II Date 11/7/16

School Sandburg Position CUSTODIAN

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 10/17/16 Expected return date 11/21/16

- ☐ 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 Leo W. Jones II Date 11/7/16

LEAVE APPROVAL

Principal/Designee Signature Michael White Date 11/9/16

Superintendent Signature [Signature] Date 11/10/2016

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 11.25

Return to Work/School Verification
Advocate Medical Group - South Holland
100 W. 162nd Street
South Holland, Illinois 60473
(708) 730-2200

Patient: JR LEO W. JONES
MRN: 1003226193
DOB: 03/08/1948

Return To Work/School Verification

Date: 10/19/2016
Patient's Name: LEO JONES
MRN: 1003226193

TO WHOM IT MAY CONCERN

The above-named person:
Has been ill or injured and unable to work from 10/17//16
May resume work on: 11/21/16

Medical information is confidential and cannot be disclosed without the written consent of the patient or his/her representative. Amended : LAWRENCE OKAFOR M.D.; 11/07/2016 3:18 PM CST.

Signature

Electronically signed by : LAWRENCE OKAFOR M.D.; 10/19/2016 3:20 PM CST.
Electronically signed by : LAWRENCE OKAFOR M.D.; 11/07/2016 3:18 PM CST.