

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 Hana Jordan Date January 24, 2018

School Sandburg Position Special Education Teacher

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 2/10/18 Expected return date 3/12/18

- ☒ 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 Hana Jordan Date 1/28/18

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 2/1/18

Superintendent Signature [Signature] Date 1/28/18

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick - 7.5



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Board-Certified General Surgeon

Gary R. Peplinski, M.D., F.A.C.S.
Board-Certified General Surgeon

Date January 26, 2018

To Whom It May Concern:

Kena Jordan is under my care. Kena Jordan

☒ was seen in my office today.

☐ is released to return to work on

☒ is unable to return to work at this time because of complications with surgical wound.

Ms. Kena Jordan will need to remain off work for six weeks for adequate healing of this complex wound. Her anticipated to return to work at this time is March 12, 2018

☐ is able to return to school on

☐ surgery is scheduled for and patient may return to work after days

DR. GARY PEPLINSKI 1-26-18