

### 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 Ruth Van Dommelen Date 10-7-15

School Holmes Elementary Position 4th Teacher

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I request family or medical leave for one or more of the following reasons before my 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.

From a serious health condition that makes me unable to perform my job. MYHEC CONDITION  IS  IS NOT WORK RELATED.

Requested intermittent or reduced leave scheduled \_\_\_\_\_

Leave to start 10/12/15 Expected return date 10/26/15

- 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 Ruth Van Dommelen Date 10-7-15

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### LEAVE APPROVAL

Principal/Designee Signature Doelynn Strong Date 10/8/15

Superintendent Signature [Signature] Date 10/8/15

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

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

SPECIALTY PHYSICIANS OF ILLINOIS

OCCUPATIONAL HEALTH INJURY REPORT

Name: Ruth Ann Vandommelen

Date: 10/7/2015

Date of Injury:

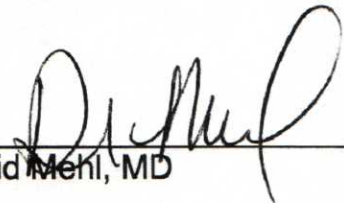
Diagnosis:

S/P total hip arthroplasty

Treatment:

<input type="checkbox"/>	No Work Return to Clinic:
	<b>RETURN TO WORK STATUS</b>
<input checked="" type="checkbox"/>	Return to work on: 10/26/15
<input type="checkbox"/>	Wear support or splint
<input type="checkbox"/>	Return to work on with the following restrictions:
<input type="checkbox"/>	Avoid exposure to:
<input type="checkbox"/>	Keep wound clean and dry
<input type="checkbox"/>	No climbing of stairs or ladders
<input type="checkbox"/>	No work above ground level
<input type="checkbox"/>	No work around high speed or moving machinery
<input type="checkbox"/>	No operating of mobile equipment
<input type="checkbox"/>	No lifting over lbs.
<input type="checkbox"/>	No repetitive bending at the waist
<input type="checkbox"/>	Keep lifting between shoulder and knee level
<input type="checkbox"/>	No push or pull over lbs.
<input type="checkbox"/>	No kneeling or crawling
<input type="checkbox"/>	No squatting
<input type="checkbox"/>	No reaching above shoulder level
<input type="checkbox"/>	No use of:
<input type="checkbox"/>	Limited use of:
<input type="checkbox"/>	Sitting job only
<input type="checkbox"/>	Consider permanent restriction
<input type="checkbox"/>	Consultation:

If the above restrictions constitute light duty and such is not available, it is assumed that the patient will be sent home rather than allowed to work.

  
David Mehl, MD

Form must be returned to company today.