## **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.

	nee L. Cruikshank- WARD Date  aya Angelou School Position  ***********************************	
	s certification and all required information must be sub	A CONTROL OF THE PROPERTY OF T
	Because of the birth of my child, or because of the plant for adoption or foster care.	lacement of a child with me
	In order to care for my spouse/child/parent who has a	a serious health condition.
	For a serious health condition that makes me unable CONDITION IS IS NOT WORK RELATE	
Requested intermittent or reduced leave scheduled		
	Leave to start/_ Expected return I would like to use my sick/personal da I would not like to use my sick/persona Original request for leave Request for extended leave	ys
Employee	Signature	Date
	LEAVE APPROVAL	
Principal/I	Designee Signature	Date 12/16/16
Superinten	ndent Signature	Date 12/11/201
Board Sec	retary Signature	Date
Board Pres	sident Signature	Date

12-16-16P02:46 RCVD

100 W. 162nd Street: | South Holland, Illinois 60473 | P 708.730.2200 | advocatehealth.com

Thursday, December 15, 2016

To Harvey School District# 152

Re: Ms. Ardell Cruikshank/Ms. Renee Ward

Ms. Ardell Cruikshank is a patient here at the Advocate Medical Group-South Holland Office where she is under my care. She is a very pleasant 90 yr. old with health challenges. Ms. Renee Ward is her daughter and Power of Attorney. There are significant issues regarding Ardell Cruikshank which need to be attended to. Leave is needed by Renee in order for her to be able to address these issues in a comprehensive manner.

Thank you for your time and attention to this very important matter.

Modupe Oladeinde, MD

**Family Practice**