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 Roth Van Vommeter Date March 29, 2017
School Holmes Position 2nd 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 ISX IS NOT WORK RELATED.
Requested intermittent or reduced leave scheduled
Leave to start 4/24/17 Expected return date 2017-2018 School 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
LEAVE APPROVAL
Principal/Designee Signature Bollyn Strong. Date 4/3/17
Superintendent Signature Date 4/10/201
Board Secretary Signature Date
Board President Signature Date
ict True - 0

BONE AND JOINT PHYSICIANS

5540 West 111th Street, Oak Lawn, IL 60453 708-423-8440

David J. Smith, M.D., F.A.C.S., Founder George S. Miz, M.D., F.A.C.S.

Joseph G. Thometz, M.D. Srinivasu Kusuma, M.D.

March 27, 2017

RE: VanDommelen, Ruth

To Whom It May Concern:

Ms. VanDommelen is scheduled for lumbar spinal surgery on 4/24/17 and will need to be off work for approximately four months post-operatively pending evaluation at that time.

If any additional information is required, please contact my office.

Sincerely,

George S. Miz, M.D.

GSM:bs