

# 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 Bruno Farfan Jr Date 8-26-15

School District-Wide Position Grounds

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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 10/29/15 Expected return date 11/12/15

☒

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 B. A. F. Date 8-26-15

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## LEAVE APPROVAL

Principal/Designee Signature H. Lopez

Date 8-26-15

Superintendent Signature A. A. C.

Date 9/10/15

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

Date \_\_\_\_\_

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

Date \_\_\_\_\_

Sick Days - 82.75

**Chicago Metropolitan Obstetricians & Gynecologist, Ltd.**

**15620 South Wood Street**

**Harvey, IL 60429**

**Telephone (708) 333-3030**

**F.A.X. (708) 333-6060**

Re: Proof of Pregnancy

To Whom It May Concern:

This is to verify that Ms. Susanna Fartan is under my medical care.

Ms. Fartan was seen and examined in my office on 08/25/2015:

The patient's uterine size was compatible with a pregnancy of 30<sup>5</sup>/<sub>7</sub> weeks.

Her estimated date of delivery is 10/29/2015.

Should any additional information be necessary, please feel free to send all correspondence to the above address.

Sincerely,

Sharon Jones MD  
Ln: mgt

**Chicago Metropolitan  
OB/GYN  
15620 S. Wood St.  
Harvey, IL. 60426  
708-333-3030**