

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 Brandi Kirkland Date 3-9-16

School Sandburg (Riley) PreK Expansion Position Curr. Coordinator

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 4/20/16 Expected return date 08/01/16

- 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 Brandi Kirkland Date 03-21-16

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 03/21/16

Superintendent Signature [Signature] Date 4/1/16

Board Secretary Signature _____ Date _____

Board President Signature _____ Date _____

Sick Days - 9.0



COMMUNITY CARE CENTER

9124 Columbia, Suite A

Munster IN 46321

Phone: 219-440-7025

Fax: 219-440-7028

Date: 3/16/2016

Patient: Brandi Kirkland

Date of Birth: 2/1/1980

To Whom it May Concern:

Brandi Kirkland has been under my care, she is pregnant with an EDD of 5/18/16. She plans to start her maternity leave as of April 20, 2016 due to advanced pregnancy and swelling. Patient will not return to work until the beginning of the next school year (July 2016). Any questions please contact the office.

Howard J. Marcus MD