

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 Nelitha Anderson-Batts Date 5-9-14

School Maya Angelou Position 3rd grade 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 _____ IS ✓ IS NOT WORK RELATED.

_____ Requested intermittent or reduced leave scheduled _____

Leave to start 5/13/14 Expected return date 5/21/14

✓ 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 Nelitha Anderson-Batts Date 5-9-14

LEAVE APPROVAL

Principal/Designee Signature [Signature]

Date 5/12/14

Superintendent Signature [Signature]

Date 5/14/14

Board Secretary Signature _____

Date _____

Board President Signature _____

Date _____

Sick Days - 43
Personal - 1

**PRONGER SMITH MEDICAL CARE
SURGERY****FELIPE GRACIAS, M.D.**17495 S. LAGRANGE ROAD
TINLEY PARK, IL 60487
708-226-7000**JACLYN L. MIS, PA-C**
DEA # MM2529521**RAMON MANGLANO, M.D.**2320 HIGH STREET
BLUE ISLAND, IL 60406
708-388-5500

NAME

Anderson, Nelitha

DATE

5/9/14

ADDRESS

*DOB 05/26/66***R_x***pt above is scheduled for
surgery on 5/13/14. Anticipate
approx 2 wks off work*☐ MAY NOT SUBSTITUTE☐ MAY SUBSTITUTE*Jaclyn L. Mis PA-C*

REFILL _____ TIMES

RX01498