



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 Clarence Driver Date 10/5/16

School Gwendolyn Brooks Position 7th Science 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 11/10/16 Expected return date 12/30/16

- ☒ 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 Clarence Driver Date 10/5/16

LEAVE APPROVAL

Principal/Designee Signature [Signature] Date 10-6-16
Superintendent Signature [Signature] Date 10/18/2016
Board Secretary Signature _____ Date _____
Board President Signature _____ Date _____

Sick Days - 12
Personal - 1



RIVERSIDE MEDICAL GROUP

Riverside Medical Group Women's
Health Kankakee
400 N Wall St Suite 400
Kankakee IL 60901
Phone: 815-935-5433
Fax: 815-935-2595

October 5, 2016

Patient: **Heidi Driver**
Date of Birth: **12/18/1991**
Date of Visit: **10/5/2016**

To Whom It May Concern:

Heidi Driver is under my care; her EDD 11/12/2016. Clarence will be off approximately from 11/10/2016-11/30/2016.

If you have any questions or concerns, please don't hesitate to call.

Sincerely,

Lizzy Andrews, MD

CC: No Recipients