



Glenbard Township High School District 87

Administration Center ▲ 596 Crescent Boulevard ▲ Glen Ellyn, Illinois 60137-4297 ▲ Phone: (630) 469-9100 ▲ Fax: (630) 469-9107

REQUEST FOR DISABILITY/SICK LEAVE (due to pregnancy)

_____, an employee with Glenbard Twp. H.S. District 87
(Employee's Name)

has requested disability/sick leave due to her pregnancy. Disability/sick leave is available to an employee when she is physically unable to perform her job. In order for the school district to plan appropriately, the administration needs to know a specific date you believe your patient would be physically able to return to her work assignment as _____
(Occupation)

PHYSICIAN'S STATEMENT

The anticipated delivery date for _____ is

_____. Based upon my examination of said employee, I believe disability/sick
(Date)

leave should commence on _____.
(Month-Day-Year)

Assuming a normal delivery without complications, I anticipate that said employee should be physically able to return to full duty on _____
Month / Day / Year

Name of Physician (Please Print)

Signature of Physician or Practitioner

Office Address

Office Phone No.

Date