



THOMAS J. DART
SHERIFF

**SHERIFF'S OFFICE OF COOK COUNTY, ILLINOIS
PERSONNEL DEPARTMENT**

MEMORANDUM

TO: Salvatore Zicarelli Department of Corrections – Ex Ops #386581	DATE: January 13, 2015
FROM: Sheriff's Office Bureau of Human Resources	
SUBJECT: Family Medical Leave of Absence Request	

Please find enclosed your Family and Medical Leave of Absence Request Form. The FMLA has been approved and is effective **January 27, 2015** for **employee** under the following conditions:

- ☒ Intermittent Basis Approved for: 7 episodes a month hours or up to 1 day per episode
- ☐ Single Period of Absence Beginning Date _____ End Date _____
- ☐ Reduced Schedule Scheduled for: _____

Additionally, please be advised if you have been approved to take a Single Period of Absence (5 or more days taken consecutively) you must fill out a Timekeeping/Attendance Three-Part Form indicating paid or unpaid leave.

If you should have any questions, please do not hesitate to contact me at 773.674.8407.

cc: Cara Smith, Chief Corrections and Policy Officer
Helen Cohn, Payroll Supervisor
Office of Professional Review
Attendance Review Unit
File

Signature:
Director of Leaves/Designee

Hyfola Shinnore

FMLA 00045