



A Woman's Place, PC

## FMLA / DISABILITY / TIME OFF REQUEST

**Please note:** If you are going to turn in FMLA (Family Medical Leave of Absence) paperwork, you must turn it in to the Doctor **at least two weeks prior to its deadline**. If the patient is requesting this information to be completed in less than two weeks, we will make our greatest effort to finish your paperwork, but there is **no guarantee** that it will be completed in time. If you have any questions regarding this matter, please ask any staff member.\*

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Patient's Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor's Name: \_\_\_\_\_

Is this FMLA for (please circle): SELF SPOUSE OTHER

Reason for leave (please circle): DELIVERY SURGERY OTHER

Are you having any complications (please circle): YES NO

If yes, please describe below:

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Start date of leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End date of leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

We will notify you by phone when your forms are completed. Once they are complete, would you like the forms to be (please circle one):

MAILED

FAXED

PICKED UP

Our office protocol is 6-8 weeks for recovery after delivery. Please check with your company's HR department for their protocol for time off.

**\*This form must be filled out COMPLETELY or your request will not be completed.**