



## FMLA/Disability Information Worksheet

In order to facilitate us in the accurate and timely completion of your FMLA and disability paperwork, please provide us with the following information.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Doctor: \_\_\_\_\_

1. Specify whether FMLA is for patient, spouse, or other family member: \_\_\_\_\_
2. Reason for leave (pregnancy, surgery, etc): \_\_\_\_\_
3. Date leave begins: \_\_\_\_\_
4. Date leave ends or number of weeks of leave requested: \_\_\_\_\_
5. Hospital admission and discharge dates: \_\_\_\_\_
6. Any complications (please be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Complete your sections of the paperwork (marked "employee"), including signing the authorization for release of records.
8. When completed, please specify if you want this paperwork:
  - a. Mailed to this address: \_\_\_\_\_
  - b. Call when ready for pick up, to this number: \_\_\_\_\_
  - c. Faxed to this number and attention to: \_\_\_\_\_
9. Any other information you feel we need to complete this paperwork: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please allow up to 1 week for completion\*\***