

**MARION WOMEN'S HEALTH CENTER  
FMLA OR MEDICAL LEAVE FORMS**

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Date of drop off: \_\_\_\_\_ Phone # \_\_\_\_\_

Deadline for paperwork to be turned in \_\_\_\_\_

Name of person who paperwork is for: \_\_\_\_\_

Employer \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Please fill out the following information to the best of your ability. This will help to ensure your paperwork is filled out to meet your needs.

Please write a short description of details your employer needs for your leave. \_\_\_\_\_

**FOR PREGNANCY/DELIVERY: (MARK ALL THAT APPLY)**

\_\_\_\_\_ I need intermittent leave for appointments only

\_\_\_\_\_ I need intermittent leave for periodic absences (Illness, complications, etc)

\_\_\_\_\_ I need leave for post partum only.

Expected delivery date: \_\_\_\_\_ Return to work date: \_\_\_\_\_

\_\_\_\_\_ I need leave to care for my spouse/significant other. Please indicate how much time is being requested for delivery and bonding time \_\_\_\_\_

\_\_\_\_\_ My job duties require tasks which I am on restriction for or have difficulty performing due to my pregnancy (heavy lifting, bending, twisting, excessive walking, etc.) Please list duties:

**FOR SURGERY: (MARK ALL THAT APPLY)**

\_\_\_\_\_ I need leave for surgery date and recovery time only

\_\_\_\_\_ I need leave for surgery date, recovery time and dates taken off work by the doctor.

\_\_\_\_\_ I need leave to care for my spouse/significant other for their surgery and recovery. Please indicate how much time is requested to help with post-op care \_\_\_\_\_

\_\_\_\_\_ My job duties require tasks which I am on restriction for or have difficulty performing due to my surgery (heavy lifting, bending, twisting, excessive walking, etc.) Please list duties:

**OTHER ABSENCES:**

\_\_\_\_\_ Leave is being requested for (state your medical condition) \_\_\_\_\_

**Please allow 7-10 days for completion of forms. We will call when forms are ready for pick up. Forms will not be faxed. Payment for forms completion is due at time of drop off (\$25 for 6 pages or less)**