



A Woman's Place
of Fort Collins, PLLC

FMLA / DISABILITY / TIME OFF REQUEST

Today's Date _____

Patient's Name _____

Date of Birth _____

Doctor's Name _____

Is this FMLA for: SELF _____ SPOUSE _____ OTHER _____

Reason for leave: Delivery _____ Surgery _____ Other _____

Are you having any complications? YES or NO

If yes, please describe below:

Start date of leave _____ End date of leave _____

When complete do you want the forms: (circle one)
(we will call you to inform you when forms are completed)
Mailed Faxed Pick Up

Our office protocol is 6-8 weeks for recovery after delivery. If you would like more time you may request it, but we will state it is at the patient's request.

****Please be aware it may take up to 14 days for completion of paperwork.**

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

