

Date:

Request for Documentation

IMPORTANT: Allow 5-7 business days for processing

******Form must be filled out to completion or paperwork will not be submitted******

Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

For Disability/FMLA paperwork - **PLEASE SPECIFY the following:**

INTERMITTENT LEAVE:

Start date: _____ Expected return to full duty date: _____

Frequency of absence: (ie: 2-3 times per week for 4 months) _____

FULL LEAVE OF ABSENCE:

Start date: _____ Expected return to work date: _____

Preferred method of delivery (circle one):

Pick-up

Fax : _____

Additional Comments:

