FMLA/Disability Paperwork Request

mckinney footcare

This form must be completed for *EACH* request for Dr. Swails to complete FMLA or Disability paperwork.
Dr. Swails will not consider your paperwork until ALL QUESTIONS are answered.

The first form completed is complimentary when related to surgery.
Any additional forms or forms NOT related to surgery will require a $25 Fee due at completion.

Patient Name:_____ Date of Birth:_____

1. Start Date:_____ **to** Planned End Date:_____
2. Type of leave you're requesting (**Choose One**):
   - ❑ Completely off work for one continuous period (usually for outpatient surgery)
   - ❑ Reduced Schedule/Part Time Status
     How many hours per day do you plan to work?_____
     How many days per week to you plan to work? (List specific days if applicable)
     _____
   - ❑ Intermittent Time-Off
     (I need to miss part or a whole day periodically for flare-ups)
     How often do you expect to require time off for flare ups?
     _____ times per ❑ week / ❑ month / ❑ year
     To last: _____ ❑ hours / ❑ days each time
   - ❑ Reduced Duties Only
     (I plan to work, but need special accommodations or limited duties)
3. Will your job allow you to wear a protective boot (i.e. cam walker) while working? ❑ Yes ❑ No
4. Will your job allow you to work with reduced duties or limitations? ❑ Yes ❑ No
   ***If yes**, describe your basic duties:* ❑ *See attached job description*

   _____
   _____
   _____
   _____
5. If you answered "yes" on question 5, can you complete all of these duties? ❑ Yes ❑ No
   If no, list specific duties you CANNOT DO:

   _____
   _____
   _____
   _____

If you have questions or need assistance, please let us know.

This request must be submitted a *minimum* of *3 business days* before it is due.

Hand-deliver or fax to 972-542-1728 along with your FMLA or Disability paperwork.