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**FMLA/Disability Completion Request Form**

FMLA form is for:(please circle one)

**Pregnancy**

**Surgery**

Form is: (please circle one)

**One Page**

**2 or More Pages**

Name:\_\_\_\_\_

Contact Phone Number:\_\_\_\_\_

Today's Date:\_\_\_\_\_

Date forms need to be completed by:\_\_\_\_\_

Date disability is to begin:\_\_\_\_\_

Date you plan to return to work:\_\_\_\_\_

(For pregnancy, typically 6 wks from delivery for a vaginal birth, & 8 wks for a C-Section)

Upon completion, forms will be (Select one):

**Picked Up** \_\_\_\_\_

**Faxed to #** \_\_\_\_\_

**Mailed to** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The U.S. Department of Labor requires the following question to be filled out for all FMLA forms. Please complete this question to the best of your ability based on your job functions. Please note that we may require an actual written description of your job functions from your employer.

"If able to perform some work, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee or employer should supply you with information about the essential job functions)?" \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is a fee for any and all FMLA forms filled out through our office, and charges are as follows: There is a \$5 fee for single page forms and a \$10 fee for 2 or more pages.

Forms will be completed within 6 to 10 business days. There will be an additional \$5 fee for "rushed" forms (2 to 5 business days)

\_\_\_\_\_ Yes, I need my FMLA forms rushed

\_\_\_\_\_ No, I do not need my forms rushed

I will be paying \$\_\_\_\_\_ for my FMLA forms by: (circle one)

**Cash**

**Check**

**Credit Card**

Signature:\_\_\_\_\_

|                       |
|-----------------------|
| Paid _____ Date _____ |
| Taken By _____        |