



# CENTRAL BUCKS FAMILY PRACTICE, P.C.

BOARD CERTIFIED  
FAMILY PRACTICE

BAILIWICK OFFICE CAMPUS  
SUITE 41  
252 WEST SWAMP ROAD  
DOYLESTOWN, PA 18901  
215-348-1706

COMMONWYDDS OFFICE CAMPUS  
SUITE F1  
2370 YORK ROAD  
JAMISON, PA 18929  
215-343-5444

---

## FMLA Request Form:

### Section I:

Employer name, contact and phone number \_\_\_\_\_

Your job title and basic function \_\_\_\_\_

### Section II:

Your name \_\_\_\_\_

DOB: \_\_\_\_\_

Family member \_\_\_\_\_

Family member DOB: \_\_\_\_\_

### Section III:

First date of absence for condition: \_\_\_\_\_

Days expected to be out of work: \_\_\_\_\_

Full time or part time absence: \_\_\_\_\_

Return to work date: \_\_\_\_\_

- If provider is available, turnaround time is usually 7 business days. Cannot guarantee ASAP requests.
- Forms are completed for those accounts in good standing. Outstanding balances need to be paid prior to forms being filled out.
- There is \$40 fee due when forms are completed.
- These forms are to be faxed or mailed to your employer. Copies be picked up at the office.