



*Alliance*  
Obstetrics & Gynecology

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## FMLA Dropoff Form

Please complete this form and submit in person, by fax, or by email to [nurse@allianceOBGYNgroup.com](mailto:nurse@allianceOBGYNgroup.com). Kindly allow 7- 10 days for completion. If you have any additional concerns or questions, please let us know!

Please note that there is a \$40 fee per person for FMLA paperwork to be completed. Payment is due at time of drop off. Forms will not be completed or faxed until payment is made. Amended forms may subject to this fee.

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

Reason for leave of absence: \_\_\_\_\_

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

Email or fax number where completed form should be sent: \_\_\_\_\_

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

### Administrative Use Only

Payment Amount: \$ \_\_\_\_\_ Paid: yes no

Payment Type: \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card Initials: