Circle of Life
Women's Center

1525 E. 6000 S. Suite A
South Ogden, UT 84405
Phone: (801) 337-5800
Fax: (801) 337-5809
www.colwc.com

Work Release Information

(Please allow 7 business days for completion)
Paperwork will take longer to complete if information below is missing.

Patient Name: _____ Today's Date: _____
Patient's Date of Birth: _____
Which Provider Do You See? _____
Reason for Time Off? _____
_____

Type of Leave Needed:

Intermittent Leave: from_____ to _____
(Start Date) (Return to Work Date)
Intermittent Leave is continuing to work but leaving work when necessary and must be discussed with your provider.

Continuous Leave: from_____ to_____
(Start Date) (Return to Work Date)
Continuous Leave is stopping work on a set date and staying out of work until your return date.

If dates are not completed, beginning date will be the date of surgery or your Estimated Due Date (EDD). Normal disability leave for vaginal delivery is 6 weeks; C-section delivery is 8 weeks; and total FMLA for pregnancy is 12 weeks. Please discuss disability leave for surgery with your doctor. Lastly, please be aware that we make recommendations for time out of work, but final decisions are determined by your employer.

If we have not diagnosed you with an applicable disability, we will not complete animal accommodation requests.

Delivery Method:
___ Pick Up ___ Fax to _____ ___ Email to _____

Patient Signature: _____ Clinic Initials: _____