

**Family & Medical Leave
Intermittent Appointment
& Call Out Verification Form**



Monmouth County		Department:	
Section 1	Last Name:	First Name:	Employee ID #:
	Address:		<input type="checkbox"/> Check box if this is a new address
	City:	State:	Zip:
	Email:	Phone:	DOB:
Section 2	1. Absence Date(s)		
	Absence Beginning ____/____/____ Absence Ending ____/____/____		
	Hours to be charged to FMLA: _____		
	<input type="checkbox"/> Self <input type="checkbox"/> Family Member		Case Number: _____
	Absence Beginning ____/____/____ Absence Ending ____/____/____		
	Hours to be charged to FMLA: _____		
<input type="checkbox"/> Self <input type="checkbox"/> Family Member		Case Number: _____	
Absence Beginning ____/____/____ Absence Ending ____/____/____			
Hours to be charged to FMLA: _____			
<input type="checkbox"/> Self <input type="checkbox"/> Family Member		Case Number: _____	
2. Do you require an FML Extension?			
If yes, please send appropriate medical documentation directly to Point C.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Additional Information you would like us to know about your request.			
Section 3	I acknowledge that this document will be utilized to help appropriately track any intermittent time off which may be related to my FML request on file.		
	_____		_____
	Employee Signature	Date	

The Intermittent Appointment and Call Out Verification Form must be submitted to Point C or your timekeeper within 3 working days following the period of absence in order for the absence to be recorded as FMLA.

FRAUD WARNING:

Filing a claim with materially false and/or misleading information is a crime and may be subject to criminal charges in addition to disciplinary action up to and including termination from employment.

Submit Forms to: Point C
 Fax: 856-528-2123; Email: fmla@pointchealth.com
 Phone: 856-470-1161
 Mail: Point C-FMLA P.O Box 25247 Overland Park KS 66225