

S.R.Kamisetty, M.D., F.A.A.P.

Diplomate American Board of Pediatrics

681 West Lumsden Rd

Tel # (813)655-7726

Brandon, FL 33511

Fax# (813)655-5617

**Questions to be answered by parent claiming for
FMLA**

Name of Person claiming leave:

Relationship to Patient:

Name of Child:

Date of Birth:

Name of Employer:

Contact Name at HR:

Contact Telephone Number at HR:

Condition for which FMLA is claimed:

Estimate leave needed to provide care:

How often leave is needed:

(Please be specific: Hours per day/How many days a
week/Duration)

Describe type of care you will provide to your family
member: _____

I consent Dr. S.R.Kamisetty or his staff member to call
contact HR to obtain any further information is needed
including dates of absences at employment.

Name of Parent: _____

Parent's Signature: _____

Date: _____