



Request For Paid Family Leave Release Of Personal Health Information

TO BE COMPLETED BY THE EMPLOYEE

Employee's name

Care recipient's (patient's) name

Care recipient's (patient's) date of birth





--	--	--	--

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------

--	--	--	--