

# Leave of Absence Guide



Submit a Leave Request Form to the Comp & Benefits team

Form located on My Well-Being.com

Submit the Leave Request Form 30 days in advance or as soon as possible after you know you need leave



The Comp & Benefits team will send you any forms that need to be completed

Generally, you will have 15 days to return the forms

If you need additional time to complete the forms, please contact the Comp & Benefits Team



Submit Completed Documentation to the Comp & Benefits Team



Comp & Benefit Team will provide you with an approval email & any required notices regarding your leave

A summary of how you are being paid while off work will also be provided



Keep Comp & Benefits team Informed of any changes to your leave schedule and return to work date If you are off for a personal medical reason, you will need to provide a doctor's note releasing you to return to work with or without restrictions.



## Leave of Absence FAQ's Frequently Asked Questions

## Q. What is FMLA? Is it paid?

The FMLA is a federal law that entitles eligible employees to take **unpaid**, job-protected leave for specified family and medical reasons. Associates must have worked for at least 12 months and 1,250 hours to be eligible. FML is unpaid, approved time off work. Associates can use Inclusive Leave Pay, STD pay or PTO to be paid while off work.

### Q. What if I don't qualify for FMLA based on how long I've worked here?

You may still be eligible to take an approved leave, depending on the reason for leave. Please contact the Comp & Benefits team to discuss your situation.

## Q. Am I required to use PTO for my approved leave?

No. The use of PTO during your leave is optional. However, some associates will use PTO to make up the difference between Short Term Disability pay (which is 60%) and their normal pay.

## Q. Will my benefits continue while I'm on leave? How will I pay for my benefits while on leave?

Yes, any benefits will continue for leaves up to 12 weeks as long as your benefits premiums are paid.

Benefits premiums will be deducted from any pay you receive for Inclusive leave, Short-Term Disability pay, and PTO. If you prefer, you can also pay premiums directly to Fischer Homes. Please contact the Comp & Benefits team to arrange payment.

#### Q. What is Inclusive Leave Pay? How does it differ from Short Term Disability Pay?

Inclusive leave pay is 100% of your normal pay for up to 3 weeks of time off for an approved leave that would qualify for FML. Associates who have worked less than a year but whose leave would otherwise qualify for FMLA, will be paid for up to 1 week of 100% pay.

Short Term Disability pay is 60% of your normal pay, after Inclusive Leave for up to 10 weeks off work for personal medical reasons. Inclusive Leave Pay and Short Term Disability Pay combine for up to 13 weeks off work.

#### Q. What determines how long I'm approved for Short Term Disability Pay?

The medical certification completed by your doctor will determine your eligibility for Short Term Disability pay. Short Term Disability pay is only related to personal medical conditions. Time off to care for a child/parent or parental bonding does not qualify for Short Term Disability Pay.

## Q. Can I take my leave as unpaid?

Yes, approved leave (or a portion of the leave) can be taken as unpaid. However, unpaid leave will still count towards your FML entitlement (if applicable).

## Q. What happens if I need to be off work for more than 12 weeks?

In general, associates may only be on approved leave for up to 12 weeks (in a rolling calendar year). Please contact the Comp & Benefits team with any specific situations.



## **Request for Leave of Absence**

Associate's Name:			Date:			
	Division/Dept:					
Rea	son For Leave:	-				
			f a child, or placement of a child with you for adoption or foster care, and to bond with the r newly-placed child			
Your own		Your own s	serious health condition			
		You are nee Spouse	="	r family member due arent	to a serious health condition. Child under age 18	Your family member is your: Child 18 years or older (incapable of self-care because of a mental or physical disability)
			g exigency arising out of the fact that your family member is on covered active duty or has been an impending call or order to covered active-duty status.			
		Spouse	P	arent	Child of any age	
			eded to care for your family member who is a covered servicemember with a serious injury or illness. servicemember's:			
		Spouse	Pi	arent	Child	Next of kin
Leav	ve Start Date			Leave End	Date	
Last day worked			Leave Will Be Intermittent			ermittent
			Continuous			ntinuous
Pay	Requested While on Leave	(Eligibility R	equirements Mu	st be Met)		
	Inclusive Leave Pay (100%)		1-3 weeks (depending on your tenure with Fischer & reason for leave), medical certification required			
	Short Term Disability Pay (60%)  Available PTO		Only available for your own personal medical condition *Used after Inclusive Leave pay, up to 12 weeks off work. medical certification required			
			List how many days & what dates			
Unpaid Time			List how many days			
Ple	ase note that medica approved. The P				be requested before to this request with	=
Associate Signature			Date	Manager Signa	ture	Date