



Request for Leave of Absence

Associate's Name: _____ Date: _____
 Division/Dept: _____

Reason For Leave:

The birth of a child, or placement of a child with you for adoption or foster care, and to bond with the newborn or newly-placed child

Your own serious health condition

You are needed to care for your family member due to a serious health condition. Your family member is your:
 Spouse Parent Child under age 18 Child 18 years or older (incapable of self-care because of a mental or physical disability)

A qualifying exigency arising out of the fact that your family member is on covered active duty or has been notified of an impending call or order to covered active-duty status.
 Spouse Parent Child of any age

You are needed to care for your family member who is a covered servicemember with a serious injury or illness. You are the servicemember's:
 Spouse Parent Child Next of kin

Leave Start Date	Leave End Date	
Last day worked	Leave Will Be	Intermittent
		Continuous

Pay Requested While on Leave (Eligibility Requirements Must 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%)	Only available for your own personal medical condition <i>*Used after Inclusive Leave pay, up to 12 weeks off work. medical certification required</i>
Available PTO	List how many days & what dates _____
Unpaid Time	List how many days _____

Please note that medical and/or other documentation will be requested before your leave can be approved. The Payroll & Benefits team will respond to this request within 24 hours.

_____	_____	_____	_____
Associate Signature	Date	Manager Signature	Date