

FISHER INVESTMENTS
LEAVE OF ABSENCE REQUEST FORM

Employee Name: Chenlin Ye	Department: Application Development
Leave Start Date:	Estimated Return to Work Date:

Reason for requested leave (*check appropriate boxes*):

- ☒ **FAMILY AND MEDICAL LEAVE*** (FMLA) *Check appropriate box:*
- ☒ **To care for my newborn or newly-adopted child**
Estimated date of birth/placement: 6/14/2020
- ☐ **To care for my family member with a serious health condition**
Specify your relationship to the family member: _____
- ☐ **My own serious health**
- ☐ **PREGNANCY DISABILITY LEAVE**
- ☐ **MEDICAL DISABILITY LEAVE* – Non-FMLA**
- ☐ **MILITARY LEAVE** (Including caring for a Military service member and qualifying exigency leave)
- ☐ **JURY DUTY LEAVE**
- ☐ **OTHER** Please specify: _____
- ☐ **PERSONAL LEAVE**
Please explain the reason for Personal Leave: _____

Are you requesting leave on an intermittent or reduced leave schedule? ☐ Yes ☒ No

If "yes", please give schedule of when you anticipate you will need to be out on leave.

Is this leave due to a work-related injury or illness? ☐ Yes ☒ No

Maternity/Jury/Military Leaves Only: Do you want to substitute unpaid leave with your accrued PTO?

☐ Yes ☒ No Amount: _____

All Other Leaves*: Do you want to use PTO in excess of the 5 mandatory PTO Days?

☐ Yes ☐ No Amount: _____

If yes, documentation showing any continuation payments received must be submitted to Payroll.

Note: Total compensation cannot exceed 100% of your normal wages. Personal Leaves are required to use full PTO balance.

I certify that I have read the Leave of Absence policy in the Employee Manual posted on FIIRE. I understand that I am required to substitute available paid time off (PTO) for unpaid leave, unless I am receiving other continuation pay or on a leave that does not require the use of PTO. In addition I understand PTO will not accrue during my leave.

Employee Signature

Date

During my leave, I can be reached at:

Address

Home Phone

Cell Phone

Email Address

APPROVALS

Group Vice President Approval

Date

Human Resources Approval

Date

Date Received _____ / Payroll ____ / HRP ____ / PTO Required: _____