



LEAVE OF ABSENCE NOTICE

EMPLOYEE NAME	SOCIAL SECURITY NUMBER	Original Hire Date
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REASON FOR LEAVE (PLEASE CHECK THE APPROPRIATE LEAVE REASON)

☐ **Family and Medical Leave (FMLA)**

(Family and Medical Leave is federal law. For details, refer to Asynchrony's FMLA Policy in the Employee Handbook.)

Eligibility: Must be employed by Asynchrony for at least 12 month AND have worked 1,250 hours during the 12 months immediately preceding the start of the leave. **A leave is tentatively designated as FMLA if the employee meets the eligibility requirements.**

Allowable Reasons for Leave under FMLA – Please check one:

☐ Birth of the employee's child or to care for the newborn. Due Date: _____

*Leave must be taken within 12 months of the birth and must be continuous and uninterrupted.**

☐ Placement of a child for adoption or state-approved foster care.

Leave must be taken within 12 months of the placement and must be continuous and uninterrupted. Please attach a copy of the adoption decree.

☐ Care of an employee's ☐ Spouse, ☐ Child, or ☐ Parent who has a serious health condition.*

☐ Employee's serious health condition, which prevents the performance of any essential function of the job.*

- Is serious health condition pregnancy-related?* ☐ Yes ☐ No Due Date: _____

Did the employee work as a temporary agency employee for this company prior to becoming an employee of the company? ☐ Yes ☐ No

Does the employee need intermittent or reduced schedule leave? ☐ Yes ☐ No

(INTERMITTENT LEAVE OR REDUCED SCHEDULE MAY BE APPROVED FOR THE EMPLOYEE'S SERIOUS HEALTH CONDITION OR A FAMILY MEMBER'S SERIOUS HEALTH CONDITION WHERE MEDICALLY NECESSARY AND WHERE THE NEED FOR SUCH LEAVE IS BEST ACCOMMODATED THROUGH SCHEDULING.)

☐ **Personal Non-FMLA Leave of Absence** (When an employee is NOT eligible for FMLA) – Please check one:

Is leave for employee's health reasons?* ☐ Yes ☐ No

Is leave for pregnancy related issues?* ☐ Yes ☐ No Due Date: _____

To care for an employee's ☐ Spouse, ☐ Child, or ☐ Parent who has a serious health condition.*

☐ **Temporary Layoff** (Not for Owners or Officers)

A Temporary Layoff is only for **non-owner/non-officer employee** for whom you currently have no work, but that you anticipate bringing back to work within 12 weeks.

☐ **Military Leave** (Military Leave is for employees who involuntary or voluntarily perform service in the military.))

Please attach a copy of the employee's Military Orders when you forward this completed form.

THESE FIELDS MUST BE COMPLETED

Last Day Worked (Leave Will Commence The Next Business Day)		Anticipated Date Of Return**	
Signature of Authorized Representative	Date	Signature of Employee (If Available)	Date

* Employee should provide a statement from their health care provider that explains the employee's absence and gives an anticipated return-to-work date.

** If the employee does not return by the anticipated date, please notify Human Resources if you are granted an extension or to discuss options.