FISHER INVESTMENTS LEAVE OF ABSENCE REQUEST FORM

Employee Name:	Department:
Leave Start Date:	Estimated Return to Work Date:

Reason for requested leave (check appropriate boxes):

	FAMILY AND MEDIC To care for my Estimated date or To care for my Specify your related My own serious						
	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:						
	u requesting leave on an i ", please give schedule of w			Yes N ork.	No		
Is this leave due to a work-related injury or illness?			Yes	No No			
Mater	nity/Jury/Military Leaves	Only: Do you want to	substitute unpaid leave	with your acc	crued PTO?		
			Yes	🗌 No	Amount:		
All Ot	her Leaves*: Do you want	to use PTO in excess of	of the 5 mandatory PTO	Days?			
			Yes	🗌 No	Amount:		
	locumentation showing any conditional compensation cannot exce				se full PTO balance.		
substitu	that I have read the Leave of A te available paid time off (PTC of PTO. In addition I understa)) for unpaid leave, unles	ss I am receiving other con		stand that I am required to on a leave that does not require		
Emplo	yee Signature		Date				
During	my leave, I can be reached	at:					
Addres	is						
Home	Phone	Cell Phone	Email A	ddress			
APPR	OVALS						
Group	Vice President Approval	Date	Human Resource	es Approval	Date		
Date Received / Payroll / HRP / PTO Required:							