

Leave of Absence Request Form

*Requests for a continuous leave must be made within 30 days of your Expected Leave Start Date.
Please return this completed leave request form to qti-hrmailbox@tandemhr.com*

EMPLOYEE INFORMATION:

Employee Name: _____ Date: _____

Current Address: _____

Employer: _____ Last 4 of SS#: _____

Position/Job Title: _____ Date of hire: _____

Expected Leave Start Date: _____ Expected Return Date: _____

Last Date Worked (if applicable): _____

LEAVE INFORMATION:

Is this Leave of Absence Request for Continuous or Intermittent Leave? _____

Birth and care of child(ren)

Placement with the employee of a child for adoption or foster care

Date of placement: _____

Care of a spouse, child, parent, or next of kin who is a member of the Armed Forces and who suffered a serious illness or injury while on active duty

Name of service member: _____ Relationship: _____

Serious health condition (*check one option below*):

Self

Spouse/Domestic Partner

Child (including foster or In loco parentis)

Parent

Other (please specify relationship): _____

Personal (Non-Medical): *please explain:*

Questions / Comments:

Employee Signature: _____ Date: _____

Email address: _____ Phone: _____

Disclaimer: This is only a leave of absence request form; this does not constitute as an approval for any leave type.