

**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 yoursolutioncenter@tandemhr.com or fax 630.468.9112.*

**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.***