

Leave of Absence Request Form

Please print legibly. Request form must be completed if an employee will be away from work for more than 3 days. Email completed form to: leave@tandemhr.com and include your manager in the email.

Employee Identification	Employee Name:	Original Hire Date:	Date Completed:
	Employee Phone:	Employee Email:	Employer/Company:
	Manager Name:	Manager Phone:	Manager Email:
Leave Dates	Last Day Worked:	Anticipated Leave Start Date:	Anticipated Return to Work Date:
Reason for Requested Leave	<p>Maternity/Pregnancy related</p> <p>Birth of child/bonding – Date of (or anticipated date of) birth:</p> <p>Adoption/foster care (attach copy of placement paperwork)</p> <p>Care of covered family member who has qualifying serious health condition</p> <p>Check one: Spouse Domestic partner Parent Child Military Leave</p> <p>Check one: Active duty/training (Attach a copy of official military orders.)</p> <p>Qualifying exigency</p> <p>Relationship to employee:</p> <p>Details:</p> <p>Personal</p> <p>Check one: Medical Non-Medical Work Site Injury</p> <p>Other:</p>		
Schedule for Requested Leave	<p>Continuous Leave</p> <p>Intermittent or Reduced Schedule Leave</p> <p><i>Intermittent or reduced leave may be approved where required by state or federal law, where permitted by company policy, or where medically necessary and the need for such leave is best accommodated through scheduling.</i></p>		
Other Details	<p>It is the employee’s responsibility to pay their regularly scheduled benefit premiums while on a continuous leave of absence.</p>		
For Internal Use Only	<p>FMLA Eligibility</p> <p>12 months of continuous employment</p> <p>1,250 hours worked</p> <p>Notes:</p>		

Disclaimer: This is only a leave of absence request form and does not constitute approval for any leave type.

Leave of Absence Process

Leave Types

Family Medical Leave Act (FMLA): Eligible employees must have worked for 12 consecutive months and worked 1250 hours in the preceding year.

Leave of Absence (LOA): This leave is for employees not eligible for FMLA. This request will need approval from your direct leader/employer.

STEP 1

Report Leave Request

Report a need for a leave of absence to your direct leader as soon as possible. Continuous leave should be reported no more than 30 days prior to the first day out, except for maternity leave.

STEP 2

Leave Request

To request a leave of absence you must complete the Leave of Absence Request Form and send to the email located at the top of the form. Vensure's Leave Management Team will email the necessary paperwork to the personal email address on file within 5 business days. If there is not a personal email address provided in the Employee Portal, it will be sent to the work email address on file. *Be sure to check "**Junk or Spam**" email folders.

STEP 3

Forms

Once you receive the email with paperwork from Vensure's Leave Management Team, please read for instructions.

FMLA or LOA medical certification forms need to be completed by the physician and sent directly to Vensure's Leave Management team for review and approval. Please allow five (5) business days to be reviewed and processed with a decision.

If applicable, Short Term Disability applications need to be completed by the employee and physician. These will need to be sent directly to the disability insurance carrier for approval and short-term disability payment process. The employer section of the application will be completed by Benefits during the leave request and sent directly to the carrier.