Job Aids | Table of Contents

Leave Request Form | Job Aid

Leave Request Form

Welcome to the NEW Leave of Absence Request Form managed by TAG's In-House Administration!

Please fill out all required fields. If you do not know your Employee ID, please reference Workday, your pay statement or by logging into the Self Service Portal with your personal email, where it will auto-populate.

If your leave is due to a worker's comp injury, you must **report your injury before** filing for leave.

Visit the Stand for more information about leave of absences and contact HRsupport@teamtag.com for any further assistance.

Note: Please enter numbers only for the Employee ID. Do not include a preceding "a" or "w".

Employee ID *

Found in Workday and on your pay statement

Personal Email Address *

Enter an email you can access while off work

First Name *

Input your legal name as found in Workday

Mobile Phone Number *

Last Name *

Accept Text Messages *

Yes No

Work State *

The state in which your office is located, or your home if you work remotely

Leave Information

Continuous leave or intermittent for treatments/appointments or flare-ups? *

Is it a new leave or extensi

New Extension

Leave Reason *

If you are pregnant or need leave to deliver your child, select **Pregnancy Disability Leave.** If you are only needing time to bond with your new child, select **Baby Bonding.**

ate *

orting Documentation

Add File

Comments for HR Team

Comments

Weekly Schedule: No day's hours should be left blank. Enter a number between 0 and 12 based on your typical schedule.
If your workdays vary, add a comment in the **Comments** section.

Work Schedule(# of hours scheduled to work for each day)

What is your work schedule *

Submit

Upload Documents| Job Aid

Your information (i.e., Name, Leave Reason, etc.) will auto-populate on this form

Upload Documents

Use this form to upload documentation.

Employee First Name

Your First Name

Leave Reason

Your Leave Reason

Employee Last Name

Your Last Name

Start Date

Your Leave Start Date

Expected Return to Work Date

Your Expected Return to Work Date

Upload Documentation *

Add File

Upload documents either from your phone or from your computer, select the file or photo you wish to upload by selecting **Add File.** Add additional files by clicking **Add File** button again.

Submit

Intermittent Hours Out Request Form | Job Aid

Intermittent Hours Out Request Form

Personal Details

First Name *

Input your legal name as found in Workday

Your Employee ID

Found in Workday and on your pay statement

Last Name *

Personal Email Address *

Enter an email you can access while off work

Absence Details

If you are taking time off for multiple days, please fill out a separate form for each day.

What is this absence for *

Choose appropriate reason: Treatment / Appointment; Scheduled Time to Seek Treatment; Episode of Incapacitation / Baby Bonding

Hours Out Date *

Date for specific occurrence. If reporting multiple episodes or appointments, select **Yes** for the prompt **Are you requesting more than one day for this episode or treatment?** and then select the **Add** button.

Care For *

Hours Out *

Additional Comments for the HR Team (if you have multiple intermittent certifications please specify which one this is for.)

Are you requesting more than one day for this episode or treatment? *

Submit

Return to Work – Same Return Date | Job Aid

Your information (i.e., Name, Leave Reason, etc.) will auto-populate on this form except for your actual response

RTW Form

Return to Work Confirmation

Employee First Name: Your First Name

Employee Last Name: Your Last Name

Leave Reason: Your Leave Reason

Start Date: Your Leave Start Date

Expected Return to Work Date: Your Expected Return to Work Date

Are you returning to work on Expected Return Date? *

Yes / No

If you do not have appropriate documentation, please reply to … of your status. Please complete this task as soon as you have th…

If you are returning from leave for your own health condition, medical clearance from your doctor is **required *before*** you can return to work.

Submit

Return to Work – New Return Date | Job Aid

Your information (i.e., Name, Leave Reason, etc.) will auto-populate on this form except for your actual response

RTW Form

Return to Work Confirmation

Employee First Name

Your First Name

Leave Reason

Your Leave Reason

Employee Last Name

Your Last Name

Start Date

Your Leave Start Date

Expected Return to Work Date

Your Expected Return to Work Date

Are you returning to work on Expected Return Date? *

Yes No

If you do not have appropriate documentation, please reply to of your status. Please complete this task as soon as you have th

If you are extending your leave, documentation to certify the extension may be required.

Submit

Accommodation Request Form | Job Aid

This form is solely when an accommodation is needed such as equipment or work restrictions, not for time off work

Request Accommodation Form

Employee ID *

Found in Workday and on your pay statement

Personal Email *

Enter an email you can access while off work

Employee First Name

Input your legal name as found in Workday

Employee Last Name

Mobile Number *

Request Details

Classification *

New Request Extension

Reason *

Description of Medical Condition/ Restrictions *

A diagnosis is <u>not required;</u> provide information about what accommodation you are requesting or what work requirement you need assistance with completing due to a disability.

Probable Duration of Condition *

Attach Documentation (Dr. Notes, Recommendation etc.)

Add File

Submit