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#### 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". Enter an email you can Found in Workday and Personal Email Address . Employee ID . access while off work on your pay statement First Name Mobile Phone Number . Input your legal name as found in Workday Last Name \* Accept Text Messages \* Yes Nο 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 If you are pregnant or need Extension New leave to deliver your child, select **Pregnancy Disability** Leave Reason \* ate \* Leave. If you are only needing time to bond with your new child, select Baby Bonding. orting Documentation Add File Comments for HR Team Weekly Schedule: No day's hours should be left blank. Enter a number between 0 and Comments 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

## 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.

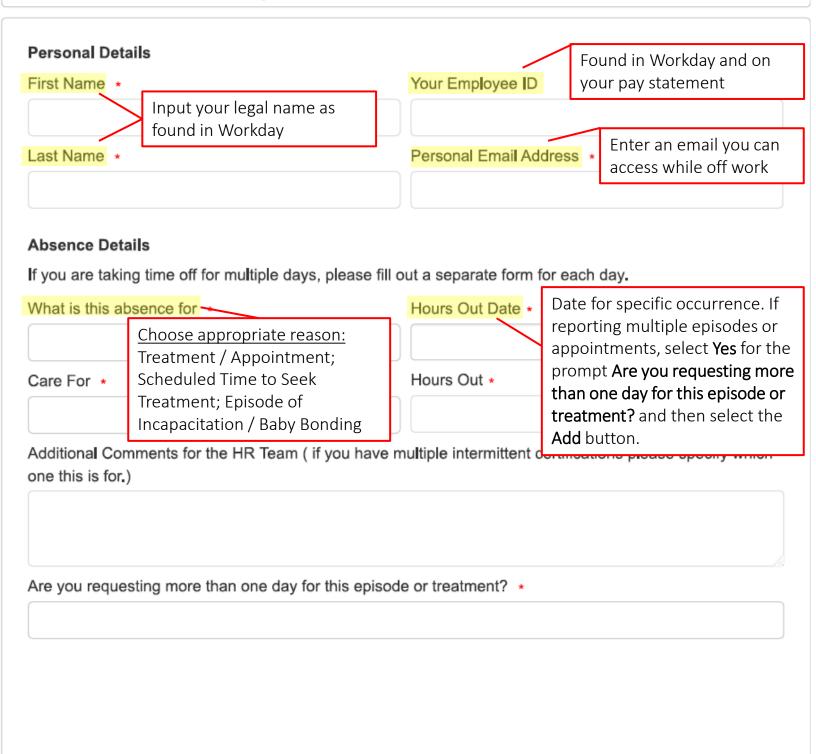
Employee First Name	Leave Reason
Your First Name	Your Leave Reason
Employee Last Name	Start Date
Your Last Name	Your Leave Start Date
Expected Return to Work Date	
Your Expected Return to Work Date	
Upload Documentation ★	
Add File	
Upload documents either from y your computer, select the file or upload by selecting <b>Add File</b> . Add clicking <b>Add File</b> button again.	photo you wish to

Submit

#### Intermittent Hours Out Request Form | Job Aid



#### Intermittent Hours Out Request Form



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**

Your First Name  mployee Last Name  Your Last Name  re you returning to work on Expected Re  Yes No	Your Leave Reason  Start Date  Your Leave Start Date  Expected Return to Work Date  Your Expected Return to Work Date
Your Last Name  re you returning to work on Expected Re	Your Leave Start Date  Expected Return to Work Date
re you returning to work on Expected Re	Expected Return to Work Date
	·
	Your Expected Return to Work Date
■ Y ○ N	eturn Date? *
you do not have appropriate documenta our status. Please complete this task as	

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**

Your First Name		
	Your Leave Reason	
mployee Last Name	Start Date	
Your Last Name	Your Leave Start Date	
	Expected Return to Work Date	
	Your Expected Return to Work Date	
re you returning to work on Expected Return Da	ate? *	
you do not have appropriate documentation, ple our status. Please complete this task as soon as		of

### 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 Enter an email you can Found in Workday and on Personal Email \* access while off work Employee ID \* your pay statement Employee First Name Mobile Number \* Input your legal name as found in Workday Employee Last Name Request Details Classification \* Reason \* New Request Extension Description of Medical Condition/ Restrictions \* . Probable Duration of Condition \* A diagnosis is **not required**; provide information about what accommodation you are requesting or what work requirement you need assistance with completing due to a disability. Attach Documentation (Dr. Notes, Recommendation etc.) Add File