

Enter Company		
Name Here:		

## **LEAVE OF ABSENCE / RETURN TO WORK NOTICE**

Use this form to notify TSI whenever an employee goes out on Leave of Absence for any reason, and again when an employee returns from a Leave of Absence.

Employee Information				
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Employee's Name	Social Security Number			
Effective Date	Location			
Leave of Absence / Return to Work Details				
☐ Going out on Leave of Absence ☐ Returning to work from Leave of Absence Reason for LOA:				
Date LOA begins: Expected Date of Return:				
these hours to be reported via the normal hours vacation/sick/PTO hours during a leave of absence affect when and how much vacation, sick leave, of for details.  Will company continue insurance benefits during LOA Insurance continuation during a Leave of Absence continuation during a Leave	ence is limited to 12 weeks, during which time the			
employee/client continues to make premium contributions. Contact the TSI Benefits Department to determine how the employee will pay his/her portion of the insurance premiums.  Note: Upon termination of benefits, the employee may become eligible for COBRA continuation of coverage.				
Please notify TSI immediately whenever an employee goes out on LOA or returns to work after a LOA, since employee LOA status can affect payroll processing and benefits billing. If your company has 50 or more employees, FMLA requirements may apply.				
Client Authorization				
Manager Signature	Date			