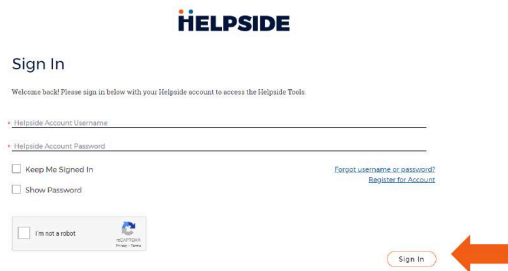


The Helpside Tools website gives you easy access to the information that is most important to you. This includes paycheck stubs, benefits information, and annual pay summaries. It will also allow you to request FMLA Leave.

Please note: Having access to this form does not necessarily mean that your worksite employer offers FMLA or that you are eligible to receive FMLA protection. Please reach out to your worksite employer or Helpside if you have any questions on whether your company offers FMLA.

To fill out a FMLA Leave Request Form

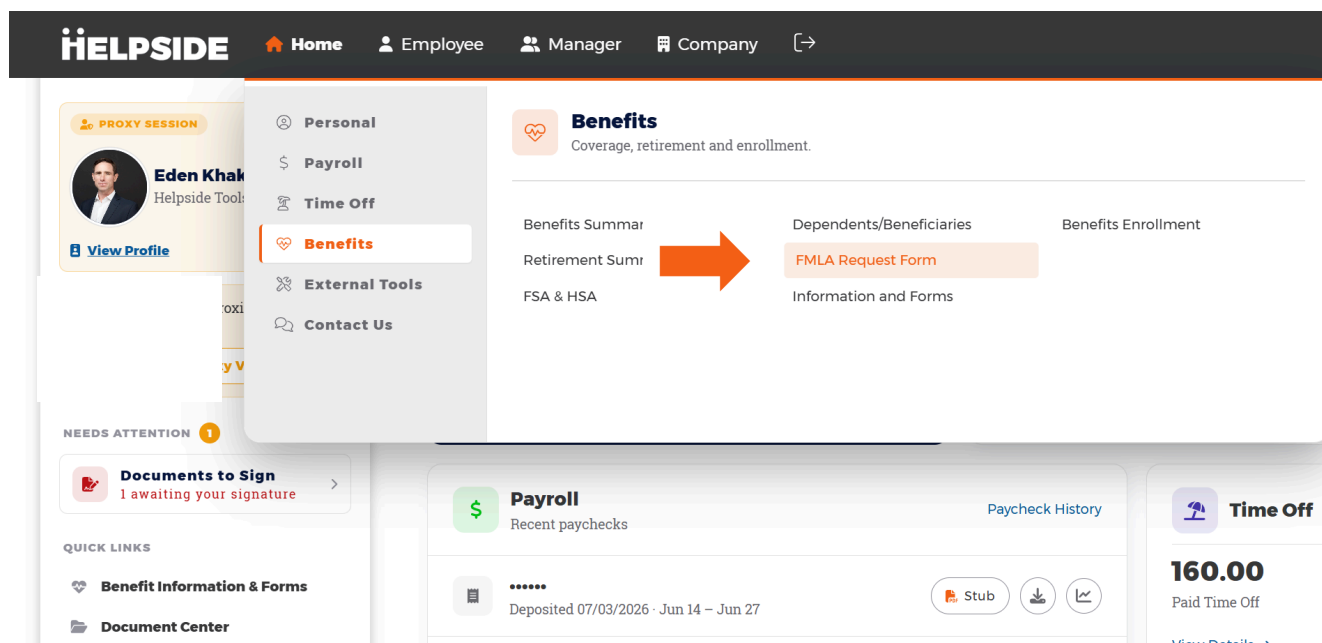
Go to: tools.helpside.com



Enter your Helpside Account Username and Password.

Click on **Sign In**.

After logging in, you will be taken to the main dashboard seen below. Click on the **Benefits** menu at the top of the screen and then click on **FMLA Request Form**.



FMLA Request Form

The FMLA Request Form is a general form used to request time off under the Family Medical Leave Act (FMLA). FMLA is unpaid leave for up to 12 weeks which allows an employee to retain their job and benefits for qualified family and medical reasons. Having access to this form does not necessarily mean that your worksite employer offers FMLA or that you are eligible to receive FMLA protection. Please reach out to your worksite employer or Helpside if you have any questions on whether your company offers FMLA.

To be eligible for FMLA, employees are required to have worked for the company at least 12 months and worked a minimum of 1,250 hours during the preceding year.

Please review your personal information below. We will use this information to contact you regarding your Leave Request. If you need to update your information you can do so under the Personal section of the Employee Tools.

Name: Eden August Khaki
Email: 0-ceo@helpside.com
Phone: +1 480-234-6837

* FMLA Requested Start Date	* FMLA Requested End Date
mm/dd/yyyy	mm/dd/yyyy
* Type of Leave?	* Reason for Leave?

Select all of the following that apply to you:

- ☐ Do you have company medical insurance?
 - ☐ Do you have company dental insurance?
 - ☐ Do you have company vision insurance?
 - ☐ Are you currently on another leave?
 - ☐ Have you used FMLA leave within the past 12 months?
 - ☐ Have you or will you be filing a disability insurance claim?
-

Once you complete the form, type in your name where it says Signature and click **Submit**.

If you have any questions about the Helpside Tools website, please contact a member of the Client Success team at Helpside at 1-800-748-5102 or service@helpside.com.