

**APPLICATION FOR LEAVE WITHOUT PAY FOR STAFF/MANAGEMENT EMPLOYEES**

- Complete this form for all full and partial leaves without pay exceeding 15 working days.
- Contact the Facility Services Key Shop, ext. 6-5220, to return University keys for a full Leave without Pay.
- Check with your Program Administrator regarding the return of any State property, if appropriate.
- For temporary and part-time employees, eligibility for a leave without pay varies by bargaining unit; to determine eligibility, contact Human Resources, ext. 6-2236.

**IMPACT TO BENEFITS:**

**Benefits coverage will lapse** for employees who are on a full or partial leave without pay that results in a decrease in timebase to less than half-time for a full pay period or longer. Employees enrolled in benefit plans will have the option of continuing any or all of these plans during their leave through "Direct Payment." Detailed information with instructions will be mailed to the employee's home address. *If not received prior to the leave of absence, employees should contact a Human Resources Benefits staff member at ext. 6-5436, as enrollment cannot be retroactive.*

<b>EMPLOYEE NAME</b>	<b>EMPLOYEE ID</b>
<b>MAILING ADDRESS DURING LEAVE</b>	<b>DEPARTMENT</b>
	<b>CSU CLASS TITLE</b>

COMPLETE SECTION BELOW FOR: FULL-TIME LEAVE		COMPLETE SECTION BELOW FOR: PARTIAL LEAVE	
<b>PAID LEAVE TO BE USED PRIOR TO UNPAID PAY?</b> <input type="checkbox"/> YES --Contact Payroll Services <input type="checkbox"/> NO	<b>LAST DAY TO BE PHYSICALLY WORKED</b>	<b>CURRENT TIME BASE</b>	<b>PROPOSED TIME BASE</b>
<b>UNPAID LEAVE START DATE</b>	<b>UNPAID LEAVE ENDING DATE</b>	<b>PARTIAL LEAVE START DATE</b>	<b>PARTIAL LEAVE ENDING DATE</b>

**REASON FOR LEAVE WITHOUT PAY:**     Educational     Medical/Family Care     Personal/Other  
 (check one)                                     Military Leave     Maternity/Paternity/Adoption

**PLEASE EXPLAIN REASON FOR LEAVE (attach additional sheet if necessary):**

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>DEPARTMENT BUDGET SPECIALIST'S NAME:</b>	<b>EXTENSION</b>		
DEPARTMENT HEAD/CHAIR/DIRECTOR APPROVAL			
<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>
DEAN/DIVISION HEAD APPROVAL			
<b>NAME</b>	<b>TITLE</b>	<b>SIGNATURE</b>	<b>DATE</b>

**FOR HUMAN RESOURCES USE ONLY**

Partial Leave Salary	Adjusted Prob. Code	Adj. Prob End Date	Adj SSI Month	Adj. Serv Awd Date	Completed By/Date	Comment
<b>FML or Military Lv</b>	<b>FML/Mil Begin Dt</b>	<b>FML/Mil End Date</b>	<b>Pay Periods needing STD-674</b>			
<input type="checkbox"/> YES			Pay Pd	Due	Pay Pd	Due
<input type="checkbox"/> NO			Pay Pd	Due	Pay Pd	Due

## LEAVE WITHOUT PAY PROCEDURES FOR STAFF/MANAGEMENT EMPLOYEES

### **Informal Leave**

Leaves without pay of 15 work days or less

Complete appropriate Leave Usage Form – [Payroll Forms](#)

Submit to Payroll Services with monthly attendance process

Contact Payroll Services at 756-2605 for questions

### **Formal Leave Requests and Timelines**

Full and partial leaves without pay exceeding 15 work days

Complete HR 190 Form

Submit HR 190 thirty(30) days prior to effective date of the requested leave (if circumstances prevent 30 days advance notice, the employee should inform his/her Department Head/Chair/Director within 5 days of learning of the need for the leave).

Within 15 days of receipt of HR 190 from employee requesting leave:

Department Head/Chair/Director approves or denies leave.

If denied, HR 190 is returned to employee.

If approved, HR 190 is routed to appropriate Dean/Division Head.

Dean/Division Head approves or denies leave.

If denied, HR 190 is returned to employee.

If approved, HR 190 is forwarded to Human Resources.

Within 15 days of receipt of HR 190 in Human Resources

If denied, HR 190 is returned to Dean/Division Head and employee.

If approved:

Human Resources prepares notification letter

Dean/Division Head signs notification letter and sends to employee.

### **Request for an Extension of Leave or Request for Early Return from Leave**

30 days prior to the effective date:

Employee submits new HR 190 to Department Head/Chair/Director

(Note on HR 190 that this is a Request for an Extension of Leave or Request for Early Return from Leave)

The same Formal Leave Request process and timelines indicated above will be followed.

**Questions: Contact Human Resources at 756-2236**