

APPLICATION FOR LEAVE WITHOUT PAY FOR STAFF/MANAGEMENT EMPLOYEES

- Complete this form for all full and partial leaves without pay exceeding 15 working days.
- **Complete the HR 190a Form (see Page 2) if you have benefits coverage that will lapse due to your leave without pay.**
- Contact the Facility Services Key Shop, ext. 6-5220, to return University keys for a full Leave without Pay.
- 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.

| | |
|------------------------------|-----------------|
| EMPLOYEE NAME | EMPLOYEE ID |
| MAILING ADDRESS DURING LEAVE | DEPARTMENT |
| | CSU CLASS TITLE |

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

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 _____

| | | | |
|--|-----------|-----------|------|
| DEPARTMENT BUDGET SPECIALIST'S NAME: | EXTENSION | | |
| DEPARTMENT HEAD/CHAIR/DIRECTOR APPROVAL | | | |
| NAME | TITLE | SIGNATURE | DATE |
| DEAN/DIVISION HEAD APPROVAL | | | |
| NAME | TITLE | SIGNATURE | DATE |

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

ELECTION OF DIRECT PAYMENT FOR BENEFITS DURING LEAVE WITHOUT PAY

Complete this form if you have benefits coverage that will **lapse** due to your leave without pay (see below*):

*Employees must be enrolled in Direct Payment **BEFORE** their coverage has lapsed.*

Instructions:

- Complete the form, checking your elections to pay/not pay premiums directly for the plans listed below.
- **Faculty employees:** submit the form to the Human Resources department prior to the start of your leave.
- **All other employees:** attach the HR190a to your "Application for Leave without Pay for Staff/Management Employees" (HR190).

Please check the appropriate box below for each benefit you have:

| | I elect to allow my coverage to lapse while on leave without pay (no further action necessary) | I elect to pay for coverage while on leave via Direct Payment (If checked, Human Resources will send you direct payment forms and instructions) |
|--|--|---|
| Health Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Dental Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Vision Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer-Paid Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> |
| Employer-Paid Long Term Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Care Reimbursement (HCRA) | <input type="checkbox"/> | <input type="checkbox"/> |
| Dependent Care Reimbursement (DCRA) | <input type="checkbox"/> | <input type="checkbox"/> |

Employee Signature: _____ Date: _____

Print Name: _____ Department: _____

~ Impact of Leave without Pay on Benefits Coverage ~

* Benefits coverage will lapse for employees who are on a full or partial leave without pay that results in a decrease in time base to less than half-time (40% for academic year lecturers and coaches) for a full pay period or longer. To avoid a lapse in coverage, the employee must elect direct payment of the full monthly premiums including the employer's contribution.

Current premium rate information can be found on the California State University website at: www.calstate.edu/Benefits/healthcare/healthcare.shtml. If the premium rate changes while the employee is paying directly, the new premium amount must be paid to continue coverage.

Health Care Reimbursement Account (HCRA) Plan Enrollees: Health care expenses incurred while on leave are not reimbursable under HCRA unless the employee keeps the account active by paying contributions while on leave.

Direct payment for all benefit plans, including HCRA, are **not tax-deferred**. Coverage for the benefit plans listed above is automatically reactivated effective the first of the month following the employee's return to regular pay status.

For other voluntary deductions (voluntary life insurance, auto insurance, credit unions, etc.), contact the plan carriers directly to ensure continued coverage during and after your return from leave. Phone numbers for most carriers can be found on the Human Resources website at: www.afd.calpoly.edu/hr/benefits.

LEAVE WITHOUT PAY PROCEDURES FOR STAFF/MANAGEMENT EMPLOYEES

Informal Leave

Leaves without pay of 15 work days or less

Complete appropriate Leave Usage Form (<http://www.afd.calpoly.edu/payroll/Proced.htm>)

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

Complete HR 190a (if employee has benefits coverage that will lapse due to leave)

(<http://www.afd.calpoly.edu/hr/forms/hrforms/hr190and190a.doc>)

Submit HR 190 (and HR 190a if applicable) 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