

Request for Temporary Paid Administrative Leave
Coronavirus (COVID-19)

Background and Instructions Page

The Request for Temporary Paid Administrative Leave (PAL) form is to be used by employees requesting to use up to 128 hours of PAL as a result of being unable to work for qualifying COVID-19 related reasons. Employees may use multiple forms to cover the pay periods that include March 23 through December 31, 2020. Employees must review and follow section B of these instructions when requesting this temporary PAL.

A. Introduction

The Chancellor has granted use of paid administrative leave up to **128** hours effective **March 23 through December 31, 2020** for employees unable to work for COVID-19 related reasons. Under the new provisions, **all benefits-eligible employees, academic student employees, and non-represented student assistants** (hereinafter “employee”) are eligible to receive a one-time allotment of up to 128 hours of paid administrative leave that can only be used due to COVID-19 related absences, subject to the following conditions:

- All hours must be used by close of business on December 31, 2020 at which time the remaining allotted hours will expire;
- The hours may be used at any time during this designated period including intermittently, either before or after the use of any accrued leave or other paid leave, at the request of the employee, in consultation with the supervisor, provided that such use shall not adversely affect the delivery of essential university services;
- MPPs and exempt employees will not be required to use this leave in 8 hour increments, but rather can take partial days;
- The number of hours of paid administrative leave for employees who work less than full-time shall be prorated according to the percent of the appointment.

B. Requesting Leave

- Employees requesting paid administrative leave due to one of the reasons listed in the form below must follow normal department office procedures for calling out ill or submitting a request for time off.
- Employees should provide to their department as much notice as practicable in order to help ensure adequate planning and staffing.
- When requesting paid administrative leave time away from work, employees must inform the department of the reason for their absence or request for time off, including that they are requesting paid administrative leave.
- It is the employee’s responsibility for clearly indicating your request for paid administrative leave to your Appropriate Administrator.

REQUEST FOR TEMPORARY PAID ADMINISTRATIVE LEAVE

Coronavirus (COVID-19)

Employee Name:		Employee ID:
Job Title:	Division/Department:	
Classification:	Exempt: <input type="checkbox"/>	Non-Exempt: <input type="checkbox"/>

PERMISSIBLE USE OF LEAVE

<u>Select at least One (1)</u>	<u>Qualifying Reasons to Use Coronavirus (COVID-19) Temporary Paid Administrative Leave</u>
	I am unable to work due to my own COVID-19-related illness or that of a family member whom I would normally be able to use sick leave for.
	I am unable to work because I have been directed by my supervisor or healthcare provider not to come to the worksite for COVID-19-related reasons and/or it is not operationally feasible for me to work remotely.
	I am unable to work due to a COVID-19-related school or daycare closure and I am required to be at home with a child or dependent, and it is not operationally feasible for me to work remotely or in conjunction with the childcare commitment.

Request for Dates of Coronavirus (COVID-19) Temporary Paid Administrative Leave

Month(s):				Pay Period(s):		
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				Total

SIGNED AND AGREED BY:

To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with legal requirements. I understand substantiation may be required for leave in accordance with current Bargaining Unit Agreements and/or CSU Policies.

Employee Name: _____ Signature: _____ Date: _____

I approve the use and of leave benefits as indicated above.

Appropriate Administrator Name: _____ Signature: _____ Date: _____

VP/Dean Name: _____ Signature: _____ Date: _____

Staff: Email completed form to Human Resources at benefits@csusb.edu

cc: Personnel File