

## **Background and Instructions Page**

The Request for Temporary Paid Administrative Leave (PAL) form is to be used by employees requesting to use up to 32 days (256 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, 2020 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 **256 hours effective March 23 through December 31, 2020** for employees unable to work for COVID-19 related reasons. Under the new provisions, most employees (exempt and non-exempt), academic student employees, and non-represented student assistants (hereinafter “employee”) shall be eligible to receive a one-time allotment of up to 256 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;
- The number of hours of paid administrative leave for employees who work less than full-time shall be prorated according to the percent or timebase of their 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 your absence or request for time off, including that you are requesting paid administrative leave.
- It is the employee’s responsibility for clearly indicating your request for paid administrative leave to your Appropriate Administrator.

BEFORE COMPLETING THIS FORM, READ THE BACKGROUND AND INSTRUCTIONS PAGE

# REQUEST FOR TEMPORARY PAID ADMINISTRATIVE LEAVE

## Coronavirus Pandemic (COVID-19) 256 CPAL HOURS

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

**PERMISSIBLE USE OF LEAVE**

| <u>Select at least One (1)</u> | <u>Qualifying Reasons to Use Coronavirus Pandemic (COVID-19) Temporary Paid Administrative Leave</u>                                                                                                                                                                  |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | I am unable to work due to my own COVID-19-related illness.                                                                                                                                                                                                           |
|                                | I am unable to work or work remotely due to my family member's COVID-19 related illness. (For purposes of this paid leave, family member includes those I would normally be able to use sick leave for.)                                                              |
|                                | I am unable to work because I have been directed by my healthcare provider not to come to the worksite for COVID-19-related reasons.                                                                                                                                  |
|                                | I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and 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 the employee is required to be at home with a child or dependent, and it is not operationally feasible for the employee to work remotely or in conjunction with the childcare commitment. |

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

| Pay Period |    |    |    |    |    |       |
|------------|----|----|----|----|----|-------|
| 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 |

| Pay Period |    |    |    |    |    |       |
|------------|----|----|----|----|----|-------|
| 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 |

| Pay Period |    |    |    |    |    |       |
|------------|----|----|----|----|----|-------|
| 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 I may be asked to substantiate the reason for the leave in accordance with current Bargaining Unit Contracts 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: \_\_\_\_\_

Email completed form to Human Resources at [benefits@csus.edu](mailto:benefits@csus.edu)