

**REQUEST FOR CSU TEMPORARY PAID LEAVES (TLP, CPAL, & NTWL)
Coronavirus Pandemic (COVID-19)**

Employee Name:		Employee ID:	
Job Title:	Division/Department:		
Classification:	Full-Time: <input type="checkbox"/>	Part-Time: <input type="checkbox"/>	Exempt: <input type="checkbox"/> Non-Exempt: <input type="checkbox"/>
Supervisor Name:	Supervisor email/Ext.		
Date Requested:	Date of Requested Extension (if applicable):		
CSU Temporary Leaves (employee to select)	<input type="checkbox"/> TLP	<input type="checkbox"/> CPAL	<input type="checkbox"/> NTWL

The CSU has implemented three temporary paid leave programs to ensure salary continuation for eligible employees. To access these programs, employees must select the applicable leave type (TLP, CPAL or NTWL), complete and submit the signed request form to their campus Human Resources department prior to the start of the applicable leave.

Coronavirus Temporary Leave Program (TLP): In accordance with Chancellor White’s March 17, 2020 message to employees of the need to telecommute as a safeguard against the coronavirus, he acknowledged special considerations are to be given to employees age 65 or older and/or who have a chronic medical condition(s). This section should be completed by employees who are unable to telecommute and who are age 65 or older and/or who have a chronic medical disease/condition.

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 and I meet the following Special Consideration(s):

PERMISSIBLE USE OF LEAVE

Select at least One (1)	Qualifying Reasons to Use Coronavirus Pandemic (COVID-19) Temporary Leave Program (TLP)
	I am age 65 or older.
	I Have a Chronic Medical Condition [A chronic medical disease/condition is broadly defined by the CENTER FOR DISEASE CONTROL and PREVENTION (CDC) as one that is typically expected to last 1 year or more, requires ongoing medical attention, and limits the activities of daily living.].

Coronavirus Paid Administrative Leave Program (CPAL): In accordance with HR Letter 2020-04, most employees (exempt and non-exempt) including student employees are eligible to receive a one-time allotment of up to 32 days (256 hours) of paid administrative leave from March 23, 2020, through December 31, 2020, 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 any remaining allotted hours will expire.
- The hours may be used at any time during this designated period including intermittently, in consultation with the appropriate administrator, 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 employee’s percent or timebase of their appointment.

PERMISSIBLE USE OF LEAVE

Select at least One (1)	Qualifying Reasons to Use Coronavirus Pandemic (COVID-19) Temporary Paid Administrative Leave (CPAL)
	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 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.

Non-Telecommuting Workers Leave (NTWL): In accordance with HR Letter 2020-05, NTWL provides an additional paid leave of up to 38 days (304 hours) beginning May 1, 2020, through June 30, 2020, subject to the following conditions:

- You are not assigned to work on site.
- You cannot work remotely based on your duties.
- You have exhausted the hours available to you under COVID Temporary Paid Administrative Leave (CPAL).
- You have a timebase (exempt or non-exempt) and duration of appointment that qualifies for standard benefits as specified in the CSU Benefits Eligibility Administrative Guide, even if you do not currently subscribe to benefits through the CSU.
- All hours expire on June 30, 2020, or until such time the employee is required to return to work, whichever occurs first.

PERMISSIBLE USE OF LEAVE

Select at least One (1)	Qualifying Reasons to Use Coronavirus Pandemic (COVID-19) CSU Non-Telecommuting Workers Leave (NTWL)
	I am unable to work remotely (either full-time, part-time, or intermittently) and on-site work is unavailable due to altered campus business operations.
	I have exhausted all leave available under CPAL.

SIGNED AND AGREED BY:

To the best of my knowledge and belief, I certify that the facts stated within are accurate and in full compliance with CSU policies for TLP, CPAL or NTWL 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. Please indicate your choice of temporary paid leave below:

- Temporary Paid Administrative Leave (TLP)
- Coronavirus Temporary Paid Administrative Leave (CPAL)
- CSU Non-Telecommuting Workers Leave (NTWL)

Request for Dates of Coronavirus Pandemic (COVID-19) Leave

Type of Leave (TLP, CPAL, NTWL)	Month	Dates Requested (Additional detail may be attached to this form. Exempt employees must use time in full day increments if not covered under FML.)	Total Number of Hours Requested	Total Number of Hours Used Prior to this Request	Total Number of Hours Remaining in Allotment
		Total Hours			

Employee Name: _____ Signature: _____ Date: _____

CAMPUS APPROVAL

I approve the use of the temporary paid leave(s) as indicated above.

Appropriate Administrator Name: _____ Signature: _____ Date: _____

HR/Academic Personnel Designee Name: _____ Signature: _____ Date: _____

**Request for Dates of CSU Temporary Leaves (TLP, CPAL & NTWL)
Detail by Month**

Month: _____				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

Month: _____				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

Month: _____				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

Month: _____				Pay Period _____		
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