

LEAVE PAY ELECTION FORM

TO: Human Resources /Benefits

FROM: _____

(Employee's Name-Please Print)

(Phone # and/or Email during leave)

SUBJECT: PAY WHILE ON LEAVE OF ABSENCE

In advance of taking a leave of absence from work, you must notify HR of your intent to take paid leave, uncompensated time and/or Short Term Disability (STD) insurance benefits pay. Failure to do so will result in all of your sick and or annual leave pay being paid to you if available. Alternately, you may be uncompensated if no paid time is available.

YOU MUST APPLY DIRECTLY TO THE INSURANCE COMPANY AND BE APPROVED FOR SHORT TERM DISABILITY BENEFITS PAY – IT WILL NOT AUTOMATICALLY BE PAID TO YOU IF ELECTED.

On _____ (first date of leave), I began a

- Medical Leave of Absence
- Personal Leave of Absence
- Educational Leave of Absence

If this leave is because of a work-related injury, please contact benefits at (678) 466-4230.

I request that I be paid as follows:

Paid Sick and Annual Leave

I wish to use all available sick leave, and if necessary, annual leave, before taking uncompensated time. I understand that when I have exhausted paid sick and annual leave, any additional time off after that until I return to active employment will be uncompensated unless I am enrolled in the Short Term Disability plan and have applied for and been approved for benefits from the insurance company.

Disability Pay

I am enrolled in and wish to apply for STD Insurance Benefits pay from the insurance company. Please read and initial the following:

___ I understand there is a two-week wait period before STD begins to pay, and that I am required to use any available paid sick and annual leave to cover the time. I wish to begin STD payments on _____ (effective date).

___ I understand that the insurance company will pay me 60% of my pre-disability salary directly if approved for benefits. Approvals are at the discretion of Metlife and based on policy guidelines.

___ I understand that the duration of STD pay is up to 11 weeks and covers only time which a doctor certifies as medically necessary to be absent from work and does not include additional maternity or paternity bonding time outside of the medically necessary period absence.

___ I understand if I do not receive a paycheck from CSU at any time during my leave, because I have exhausted paid leave or because I am receiving disability pay from the insurance company, I am responsible for paying my share of health insurance premiums directly to the University and must contact Benefits at (678) 466-4230 to make arrangements to pay by check or money order during my absence to ensure my benefits are not canceled for non-payment.

Signature of Employee

Signature of Supervisor

Date

Date