



Leave Details Form

Section 1: Employee Information

Employee's Full Name

PSU ID Number

Email Address

Supervisor

Home Address – Please include City, State & Zip

Phone number while on leave

College/Department/Unit

Reason for Request ☐ FMLA ☐ Medical ☐ Maternity ☐ Military ☐ Child Care* ☐ Personal*
☐ Formal Study ☐ Sabbatical

*These leave types are full rate benefit leaves and you will be billed for the employee and employer rates for medical, dental and vision. All other benefits are employee rates.

Estimated Leave Start Date: _____

Estimated Leave End Date: _____

Do you have earned paid time to cover your entire absence?

☐

Yes

☐

No

☐

Unknown

Section 2: Accumulated Paid Time (For those that earn time only)

Please select any earned time that you would like to use **prior** to being placed on an **unpaid** leave of absence.

Based on reason for request, per policy, you may be required to use all accumulated sick leave and/or all accumulated paid time.

Please check the box if you want to use all time OR indicate any optional hours you wish to **save**:

PLEASE NOTE: Absence Management is not responsible for entering time off for your leave. It is the employees' responsibility to enter paid time off or to make arrangements for your paid time off to be entered in your absence.

☐

Sick

☐

Vacation

Vacation hours to save: _____

☐

Personal Holiday

Personal Holiday hours to save: _____

☐

Service Day

Service Day hours to save: _____

☐

Other (please define)

Other hours to save: _____

Section 3: Benefit Elections (you may continue coverage in benefits in which you are currently enrolled)

☐

I do not wish to continue benefits for the applicable period. **PLEASE NOTE: By checking this box you are agreeing that it is your responsibility to cancel your benefits in Workday.**

☐

I understand that benefits may be continued while on leave. Benefits will be billed at the Regular Rates and, in some instances, the Full Rates. I do wish to continue all benefits for the applicable period and agree to pay for them when billed.

- Once you begin an unpaid leave, you will begin receiving invoices for the applicable contribution rates (premium payments) for all elected benefits until you return to active employment.
- Payment of the applicable contribution rates is due by the date listed on the billing invoice. If the employee contributions are not received, then elected benefits will be terminated for lack of payment.
- A decision not to continue benefits may have an adverse effect on the employee's eligibility to continue benefits into retirement (see Policy HR-54).
- If coverage is not continued during a leave and requested at a later date, proof of insurability will be required for life insurance and disability plans, if applicable; medical coverage can be added or removed if the employee experiences an IRS-defined life event change.
- Upon a return to work, any unpaid balances will be in arrears. Arrears will begin to be withheld from the next pay check in addition to your current premiums for all benefit elections. Once the full amount is collected the arrears payments will automatically cease.



Section 4: Delegation

If your Workday role (such as Timekeeper, Manager or Financial Officer) requires actions, please provide the employee's name and PSU access ID for delegation and/or to reassign any current action items in your Workday inbox. An alternative employee is also required.

PLEASE NOTE: If you do not provide the information below related to delegating your tasks during your absence, this process will be skipped and your tasks may not be completed in your absence.

Employee Name

Access ID

Employee Name (Alternate)

Access ID

Section 5: Acknowledgement

- I will be responsible for paying employee contributions for all elected benefits while on an approved unpaid leave of absence. I agree to pay those contributions promptly and in full. If employee contributions are not paid in full, the elected benefits will be terminated for lack of payment and I will be responsible for employee contributions missed prior to my coverage termination date.
- Any arrears balance upon your return to work will be deducted from your pay until the full arrears balance is collected.
- All benefits are subject to the terms and conditions set forth in the applicable plan, program, or policy.

Name of Employee (print)

Date

Employee signature

Supervisor signature (Personal/Formal Study Leaves Only)

Dean's signature (Academic Only)