

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

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

The CSU has implemented three temporary paid leave programs to ensure salary continuation for eligible employees. To access the programs, employees must select the applicable leave

	I am unable to work because I have been directed by healthcare provider not to come to the worksite for COVID related reasons.
	I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and not operationally feasible for me to work remotely.
	I am unable to work due to a COVID-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 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
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