



OHR end-user documentation overview

Employee Personal

ASU leave | Non-FMLA

Benefits Design and Management
Office of Human Resources

Contact

[OHR Benefits Design and Management](#)
[Disability and Leaves Program Management Unit](#)

For department use only.
[Your leaves management partner.](#)

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Employee Personal ASU leave | Non-FMLA

Purpose	This document outlines the basic information you will need to approve and process an employee's request for the following type of leave: Employee personal - ASU leave, non-FMLA
Objectives	After reading this guide, you will be able to determine an employee's eligibility for leave and complete the appropriate leave paperwork.
Overview	The forms required for leave administration have been designed to provide the mandated information required by ASU policy.
Employee eligibility	<p>Classification</p> <ul style="list-style-type: none">• Faculty• Academic professional• Administrator• University staff• Classified staff <p>Employment type</p> <ul style="list-style-type: none">• Regular• Long-term temporary <p>Working Hours</p> <ul style="list-style-type: none">• Full time
Reason for Leave of Absence	An employee is eligible for leave for the following reasons: Non-medical personal purposes such as the following. <ul style="list-style-type: none">• Educational, non-sabbatical pursuit• Military family business — if the employee is not eligible for FMLA.
Duration of Leave of Absence	Subject to the department's discretion, an employee may be placed on one of the following leaves: <ul style="list-style-type: none">• Extended leave of absence — staff.• Leave of absence without pay — faculty. <p>In no case should any combination of paid or unpaid leave of absence (e.g. FMLA, extended leave of absence) and paid leave benefits (e.g. vacation) be for more than 12 consecutive months from the first day of leave.</p>



Definitions:

Leave of absence: A paid or unpaid employment category designating that an employee is in a non-work status.

Leave benefit plan: A benefit — e.g. vacation, sick or parental leave benefit — that compensates the employee when he/she is absent from work.

Step 1 Determine leave process.

To effectively manage leaves, it is important to understand the process in your particular Dean or VP area.

Centralized: One person — e.g. a department leaves representative, a BOM, a data time administrator or an HR manager — handles all aspects of the process for your dean or vice provost area.

Decentralized: Each separate division — office, unit, department, or team — within your dean or vice provost area handles the entire process for the employees in that particular section.

Hybrid: The process is handled individually by each separate division but channeled through one main authority in your dean or vice provost area.

Step 2 Receive leave of Absence request form.

The employee must submit a written leave request stating the reason for the leave and the duration (dates) of the leave. When the need for leave is foreseeable, an employee is required to give at least a 30-day written notice. If the leave is required due to an unforeseeable event, the employee must provide as much notice as is practicable under the circumstances.

- Complete the employee and/or supervisor sections, as applicable.
- Indicate date form issued to employee on copy and place in employee's leave file.

Important: Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.

- Fax copy to Disability and Leaves Program Management Unit at 480-993-0007.



ASU LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE: COMPLETE/SUBMIT TO DEPARTMENT

Employee Name: _____ Date: _____

Employee 10-digit ID Number: _____

Requested Dates: From: _____ (first day of leave) To: _____ (proposed return to work date)

Reason: _____

➤ Birth/Placement for Adoption or Foster Care/Bonding

Birth..... Date of Birth: _____

Placement for Adoption..... Date of Placement: _____

Placement for Foster Care..... Date of Placement: _____

Bonding (Within one year)..... Date of Birth or Placement: _____

Are you requesting Parental Leave benefits? Yes No

Are you the: Mother Father Domestic Partner Other _____

Is another ASU employee also requesting leave for this same event? Yes No

If yes, Employee's Name and ID Number: _____

Within five business days, the department leaves representative must respond to the employee's request by:

- Completing the department portion of the following form.

ASU leave designation for employee personal, non-FMLA
- Issuing the following form to the employee — in person, via email, U.S. mail.

Step 3 Issue the ASU leave designation notice for employee personal, non-FMLA.

- Complete and mail to employee within 5 business days
- Indicate date form given to employee on copy and place in employee's leave file.
Important: Confidential leave and medical information must be kept in a separate file from the department personnel files. Departments will be audited periodically to ensure compliance.



ASU ASU LEAVE DESIGNATION NOTICE FOR
EMPLOYEE PERSONAL (NON-FMLA)

DATE: _____ Employee 10-digit ID: _____

TO: _____

FROM: _____
College or Department Name College or Department Number

FAX THIS FORM TO: HR DISABILITY & LEAVES PROGRAM MANAGEMENT UNIT AT 480.993.0007

Dear _____

We have reviewed your request for leave and any supporting documentation that you have provided. We received your most recent information on _____ and determined:

Step 4 Complete the leave of absence status change form.

Issue this form **in the pay period** any of the following events occur.

- The duration of leave period changes.
- The type of leave changes.
- The pay status changes.
- The employee returns to work.

Fax to Disability and Leaves Program Management Unit at 480-993-0007.

Indicate the date faxed and place in employee's leave file. **Important:** Confidential leave and medical information must be kept in a secured and separate file from the department personnel files. Departments will be audited periodically to ensure compliance.



LEAVE OF ABSENCE STATUS CHANGE FORM

Employee Name _____	Date: _____
Employee 10-digit ID Number: _____	
Department Name: _____	Department Number: _____

CHANGE LEAVE DATE

Revised Leave Begin Date: _____

Revised Return to Work Date: _____

CHANGE LEAVE TYPE

EFFECTIVE DATE: _____

<p>From:</p> <p><input type="checkbox"/> FMLA</p> <p><input type="checkbox"/> FMLA: Workers' Compensation</p> <p><input type="checkbox"/> Extended Leave (Staff)</p> <p><input type="checkbox"/> Extended Leave (Staff): Workers' Compensation</p> <p><input type="checkbox"/> Health Related Leave (Faculty/sick)</p> <p><input type="checkbox"/> Leave Without Pay (Faculty)</p> <p><input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation</p> <p><input type="checkbox"/> Parental</p> <p><input type="checkbox"/> Military</p>	<p>To:</p> <p><input type="checkbox"/> FMLA</p> <p><input type="checkbox"/> FMLA: Workers' Compensation</p> <p><input type="checkbox"/> Extended Leave (Staff)</p> <p><input type="checkbox"/> Extended Leave (Staff): Workers' Compensation</p> <p><input type="checkbox"/> Leave Without Pay (Faculty)</p> <p><input type="checkbox"/> Leave Without Pay (Faculty): Workers' Compensation</p> <p><input type="checkbox"/> Parental</p>
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Time reporting

The employee should already have completed the request for time off form — or used the department’s alternative request process — and the leave should be approved. The department leaves representative or department time administrator is then responsible for recording an employee’s leave hours while the employee is absent from work.

To record time in HRIS, follow these steps below.

- Manager self service
- Time management
- Report time
- Timesheet
- Click: Get Employees
- Select employee
- View by Time Period
- Enter the number of hours of eligible time on a daily basis.



Employee Personal ASU leave | Non-FMLA

Timesheet

EmpID: _____
Job Title: _____ Empi Rcd Nbr: 0

[Click for Instructions](#)

View By: Time Period Date: 02/08/2010 [Refresh](#) [<< Previous Time Period](#) [Next Time Period >>](#)
Reported Hours: 0.00 Hours Scheduled Hours: 0.00 Hours [Next Employee >>](#)

From Monday 02/08/2010 to Sunday 02/21/2010

Mon 2/8	Tue 2/9	Wed 2/10	Thu 2/11	Fri 2/12	Sat 2/13	Sun 2/14	Mon 2/15	Tue 2/16	Wed 2/17	Thu 2/18	Fri 2/19	Sat 2/20	Sun 2/21	Total	Time Reporting Code

[Submit/Certify](#)

[Reported Time Status - click to hide](#)

Date	Status	Total	Time Reporting Code	Comments
		0.000000		

[Reported Hours Summary - click to view](#)
[Balances - click to view](#)
[View Paycheck](#)
[Return to Select Employee](#)

- BER - Bereavement Leave
- FLS - Furlough/Pay Reduct Prog-S
- JRY - Jury Duty Pay
- ML - Military Leave Pay
- PTL - Parental Leave
- SCK - Sick Leave
- ULS - Unpaid Bkft Coordination-S
- USS - Unpaid Sick - Salaried
- UVS - Unpaid Vacation - Salaried
- VAC - Vacation

Description	Pay Code	
Compensatory Time, Paid	CTH (hourly)	An employee may use any available time to remain in a paid status.
Vacation, Paid	VAC (salaried) VAH (hourly)	
Unpaid Vacation Unpaid Vacation	UVS (salaried) UVH (hourly)	Use only when an employee has both paid and unpaid time in the same pay period (e.g. 50 hours VAC and 30 hours UVS) (Because the employee is still in an Active (paid) status, a salaried employee would continue to be paid full salary if the unpaid sick code is not used.)
<p>If an employee has NO paid hours available in a pay period, issue the LOA Status Change Form and report no hours.</p>		



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Process Checklist

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**Forms and
policy references**

ACD Policies

[704-02 Vacation leave-fiscal year appt](#)
[707 Leave of absence without pay](#)

SPP Policies

[404-04 Overtime](#)
[702-01 Vacation leave](#)
[705-01 Extended leave of absence](#)

Forms

Generic to all leaves

[Leave of absence request form](#)
[Leave of absence status change form](#)

Specific to Employee Personal

[Designation notice — ASU leave](#)