

Leave of Absence or Hold – Business Reasons **Designation Notice**

DATE:	Employee 10-digit ID:	
TO:		
FROM:		
College or Department Name	College or Department Number	
Dear,		
Your leave of absence has been approved will be designated as a:	from through (if determined)	and
☐ Business Leave:		
☐ Fellowship ☐ Research ☐	Visiting Professor	
☐ Hold:		
This leave of absence/hold will be (check of	one):	
☐ Paid with Benefits ☐ Paid without	Benefits	Benefits
Responsibilities	atify your department leaves replay soon as practicable if d	latas

While on leave/hold you are required to notify your department leaves rep as soon as practicable if dates change or are extended if initially unknown.

Benefits while on Paid Leave or Hold:

The employee portion of the premiums will continue to be deducted from your paycheck.

Benefits while on Unpaid Leave or Hold:

- o You will be billed for the employee portion of premiums and have a 30-day grace period to make payment.
- o If payment is not made timely, benefits will be cancelled 15 calendar days after the date of the Cancelation Notice, retroactive to the last day of the pay period benefits coverage was paid.



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- FSA Medical (during unpaid leave)
 - If you have the Health Care or Limited Health Care Flexible Spending Account (FSA), coverage can be continued while on a leave without pay by making payments directly to ASU on an after-tax basis, allowing continued access to your account. Please contact HR Benefits to make arrangements.
- FSA Dependent Care (during paid or unpaid leave)
 - A Dependent Care FSA cannot be continued while on leave.

IMPORTANT: Once your leave status changes to unpaid, it is considered a qualified life event allowing changes to your benefit plans. If you wish to terminate benefits coverage while on unpaid leave, you have **30 calendar days** from the date unpaid leave began to submit a completed **Benefits Enrollment/Change Form** located online: cfo.asu.edu/hr-forms

Questions? Employee Services 855-278-5081 | Faculty Services 480-727-9900

Return to Work

If you terminate your benefits coverage during leave, **you may re-elect within 30 calendar days of returning to work**. If you miss your 30-day enrollment period, enrollment is permitted only with a qualified life event or during the open enrollment period.

You may also re-elect the FSA by completing a **Benefits Enrollment/Change Form within 30 calendar days of your return to work**; otherwise benefits cease for the remainder of the calendar year.

If you have q	uestions, contact yo	ur department leaves repres	entative
		at	
Department Leave	es Rep	phone number	
Enclosures:	☐ Benefits Enrollment/Change Form		
REFERENCE ACD Policies	ES		

506-03 Faculty Probationary Appointments
701 Responsibilities of Faculty during Leaves from Campus
704-02 Vacation Leave-Fiscal Year Appointment
707 Leave of Absence without Pay
705 Sabbatical Leave

SPP Policies

404-04 Overtime 702-01 Vacation Leave 704-06 Administrative Leave of Absence