REQUEST FOR SUTEMPORAR PAID LEAVES (TLP, CPAL& NTWL) Coronavirus Pandemic (COVIII)

Employee Name:			Employee ID:
Job Title:	Division/Depa	rtment:	
Classification:	Full-Time:	Part-Time:	Exempt: Non-Exempt:
Supervisor Name:	Supervisor en	nail/Ext.	
Date Requested:	Date of Reque	ested Extension	n (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 directedry 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 a 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 or dependent, and it is not operationally feasible for me to work remotely or in conjunction with the childcommitment.

Request for Dates of CSU Temporary Leaves (TLP, CPAL & NTWL) Detail by Month

Month:			F	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	
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	
29	30	31	ı	ı	ı	I	