



ASU Leave (Non-FMLA) Leave Checklist

Classified employees, University staff, Non-faculty administrators

ASU Leave Overview

A benefits-eligible employee may request an extended leave of absence for the following:

1. Personal reasons
2. Additional time after the employee's Family Medical Leave has expired
3. Medical reasons, if the employee is not eligible for Family Medical Leave.

Step 1: Request the Leave

- Request leave:**
 - 30 days prior to the leave for a planned leave, include approximate duration
 - Immediately for an unplanned leave, include approximate duration
- Notify your Supervisor**
- Submit a Service Request through email:**
 - Send an email to: HR_Disability@asu.edu. Use the subject line: Leave Request. Provide your name, Employee ID, estimated leave start and end date and phone number. *Do not include medical information with the email, confidential or sensitive information should not be disclosed here.*
- Submit the Leave of Absence Request Form:**
 - Complete all sections of the form and submit the Leave of Absence Request form.
 - Once your request is received, you will be sent leave packet from Human Resources Benefits

Step 2: Submit Required Documentation

- Required Leave Documentation:** submit as specified in the leave packet.
- Return to Work:**
 - If you are out for your own serious health condition, submit a Health Care Provider Release to Return to Work/Certificate of Illness form **five business days PRIOR to your return to work**. Failure to provide the form will delay your return to work.
 - If you are not out for your own serious health condition, confirm your return date to your supervisor and Human Resources Benefits **five business days PRIOR to your return to work**.

Step 3: Time Reporting

- Time Reporting:** Contact your supervisor and department data time administrator (DTA) to confirm the process and deadlines for reporting sick, vacation and or compensatory time while you are on a leave of absence.

Step 4: Keep Your Employer Informed

- Leave of Absence Changes:** Notify your supervisor and Human Resources Benefits as soon as possible.
- Leave extension:** Notify your supervisor and Human Resources Benefits within **five business days PRIOR to your original return to work**. You will be asked to provide documentation to support the extension request.

More Information

Leaves of Absence: <https://cfo.asu.edu/leaves-and-holidays>

HR Forms: <https://cfo.asu.edu/hr-forms>

Questions

Employee services: 855-278-5081 Monday – Friday, 8 a.m. to 5 p.m. Arizona time



Leave of absence request

FMLA Leave or ASU Leave

Classified employees, University staff, Non-faculty administrators

Form Instructions: Sections 1 and 2 must be completed prior to submission.

Section I: Employee Information

Employee Name:	Employee 10-digit ID Number:
Department Name:	Supervisor Name:

Section II Leave Request

Leave Type (select one)	Leave Dates (complete all)	Leave Duration (select one)
<input type="checkbox"/> FMLA Leave <input type="checkbox"/> ASU Leave	Leave Begin: Last Day Worked: Return to Work Date:	<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent

Leave Reason (select one)

Employee Medical Leave

Family Member Leave (select one):

- Family Member Health
- Military Family Member Health
- Military Family Business

Name of family member: _____ Relationship: _____

Parental (select one):

- Birth/Bonding. Anticipated date of birth: _____
- Placement/Bonding for Adoption. Placement date: _____
- Placement/Bonding for Foster Care. Placement date: _____

Requesting paid parental leave benefits? Yes No

Parent Relationship: Mother Father Other: _____

Employee Personal Leave (non-medical)

Employee Signature:

Date:

I understand that if I do not return from my leave of absence at the expiration of this leave, unless prior written approval of an extension has been obtained, my employment may be terminated per the terms of [SPP 1011](#) or [ACD 707](#).

Questions? Call 855-278-5081 or email HRESC@asu.edu

Section III: For completion by Human Resources Benefits

Pay Status <input type="checkbox"/> Paid <input type="checkbox"/> Unpaid	Accrual balances: Attach copy accrual balance information
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Leave Status Change

Effective Date:	<input type="checkbox"/> Paid to Unpaid	<input type="checkbox"/> FMLA to ASU Leave	<input type="checkbox"/> Continuous to Intermittent	<input type="checkbox"/> Return to work
	<input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Intermittent to Continuous	
Effective Date:	<input type="checkbox"/> Paid to Unpaid	<input type="checkbox"/> FMLA to ASU Leave	<input type="checkbox"/> Continuous to Intermittent	<input type="checkbox"/> Return to work
	<input type="checkbox"/> Unpaid to Paid	<input type="checkbox"/> ASU Leave to FMLA	<input type="checkbox"/> Intermittent to Continuous	

Comment(s)