# **LS** HEALTH

## PTO Leave of Absence Request Form

Employee Information				-	•	HR Approved		
Last Name	First Name			J#		Home Phone #		
Mailing Address		City	S+	ate	Zip Code	Work Phone #		
Maning Address		City	51	ale	Zip Code	WOIKTHONE #		
Email Address			Supervisor's Name Department's Title					
Leave Information								
Leave Start Data			Leave End Data					
Leave Start Date <u><u>L</u></u>				Leave End Date $\underline{/}$				
Apply for FML			Apply for On-The-Job (OJI) Wage					
(Read page 2 for additional information)				Replacement Benefits				
Select One Select one: Intermittent FML?			I understand that beginning with the fifth calendar day					
New Leave	$\square$ Yes $\square$ No		following the day of the incident the On-The-Job Injury					
	Continuation of Leave				Program will pay 66 2/3% of my regular rate of pay for			
Select Type of Leave				time/wages lost as a result of an on-the-job injury and that				
<b>FML Employee's Illness</b> (Must use 40 hours of			this benefit is subject to all normal deductions (such as					
PTO at the beginning of leave, followed by EEI, if			federal and state tax). I can supplement this reduced rate					
applicable until exhausted, thereafter PTO is			of pay with my accrued PTO hours.					
optional.)			If lost time resulting from an on-the-job injury exceeds two					
<b>FML</b> – <b>Maternity</b> (Must use 40 hours of PTO at the baging of lagge followed by up to five (7) weeks of			calendar weeks, the employee must apply for a leave of absence (FML, if eligible or Personal Leave) retroactive to the date of the injury. A new form must be submitted. A leave of absence and on-the-job injury leave will run concurrently and will not "stack" one after the other.					
beginning of leave, followed by up to five (5) weeks of EEI, if applicable, thereafter PTO is optional.)								
FML – Bonding with a newborn								
child/Adoption/Foster Care Placement (Use of								
PTO is optional)								
<b>FML – Family Member</b> (Use of PTO is mandatory)				do wa	ant to use m	y PTO to supplement		
Check applicable box below:			my OJI wage replacement benefit. (PTO hours used to supplement an OJI wage replacement benefit will not be					
Spouse Child/Age Parent								
Image: Spouse in the spouse				reinstated.)				
service member on active duty or notified of				_				
an impending call or order to active duty (Use				$\Box$ I do not want to use my PTO to				
of PTO is mandatory)			supplement my OJI wage replacement					
		]	ben	efit.				
<b>FML-</b> Family Member who is a military service			Paid	Time	<b>Off (PTO)</b> : (Or	ce required PTO and EEI		
member with a serious injury or illness. (Use of			paid time have been used) Must select one:					
PTO is mandatory)								
Apply for other leave of absence			PTO: use all available					
Personal leave (Paid or unpaid) Employee			PTO: use as follows					
statement providing reason for request is required,			Effective Date: End late:					
and should be attached.			Effective Date: End date:					
Military Leave (Paid up to 168 hours per calendar								
year) Please provide copy of military orders.								
Acknowledgment of request: Supervisors, with regards to the personal leave of absence, your signature is your approval.								
Department Supervisor: Date:								
	0							
Supervisor's phone number: Supervisor's email:								

This form must be filled out completely, including the supervisor's signature, and returned to the Human Resources Office by fax at 251-415-1606 or via email at leaveofabsence equests@health.southalabama.edu. REV. 4/2025

## **USA HEALTH** PTO Leave of Absence Request Form

### Additional Information:

- 1. This form is for USA Health employees only.
- 2. For information and eligibility regarding Short Term Disability (STD), please email leaveofabsencerequests@health.southalabama.edu.
- 3. **STD Benefits:**USA Health provides STD benefits at no cost to eligible employees upon completion of six months of employment. Eligible employees are regular USA Health employees appointed to a FTE of .50 or greater, working 20 hours or more per week. After a 15-day waiting period, benefits are paid at 60% of the employee's total weekly earnings, up to \$1,000 per week for a covered disability. Benefits are payable up to 12 weeks, as long as the employee remains unable to work due to a covered disability.
- 4. Employees may not use accrued PTO while collecting STD pay. The STD benefit is a direct payment from the insurance carrier, The Standard, to the employee. Since the payment is not issued by the University's payroll office, and you are in an unpaid status, you must make direct payments to maintain your employee benefits active. Failure to maintain current premium payments will result in cancellation of coverage. If you wish to pay online please contact the Payroll Office for instructions at 251-460-6471.
- 5. If you are a Health Care Authority (HCA) physician please contact the USA Health HR office for information regarding your Short Term Disability (STD) plan, via email at leaveofabsencerequests@health.southalabama.edu or phone call at (251) 410-5507.
- 6. How to complete this form:
  - a. Under Leave Information, answer all questions. Leave start date and end date are required.
  - b. You must make an election for all pay applicable statements.
  - c. Sign and Date your form. Electronic signatures are accepted.
  - d. Forward the completed form to your supervisor. Supervisor's signature is required under <u>Acknowledgment of Request</u>. Supervisors, with regards to the personal leave of absence, your signature is your approval. Electronic Signatures are accepted.
  - e. The completed form, with the supervisor's signature, must be emailed to leaveofabsencerequests@health.southalabama.edu.
  - f. The Human Resources office will communicate with you via regular mail and/or email regarding the required supporting documentation. Any documentation can be emailed back to Human Resources. *Please make sure your home address is correct. You may also list your personal email on the form for communication purposes.*

#### For additional information please visit:

https://www.southalabama.edu/departments/financialaffairs/hr/leavepolicies.html

For additional questions and guidance contact: Phnita Jackson Leave Specialist (251) 410-5507