



**ASU LEAVE (NON-FMLA)
DESIGNATION NOTICE
EMPLOYEE HEALTH**

D

DATE: _____

Employee 10-digit ID: _____

TO: _____

FROM: _____

College or Department Name

College or Department Number

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:

Your request for leave has been approved. Begin Date _____ through _____.

- Extended Leave of Absence (staff)
- Health Related Leave with Pay (faculty/sick)
- Leave of Absence without Pay (faculty)

- The leave policy requires that you notify us as soon as practicable if dates of scheduled leave change or are extended or were initially unknown.
- If available, you may use paid sick, compensatory, and/or vacation hours to remain in a paid status.

Responsibilities

- You will be required to present a Health Care Provider Release to Return to Work/Certificate of Illness to be restored to employment. If such certification is not timely received, your return to work may be delayed until certification is provided. The Release to Return to Work must address your ability to perform the essential functions of the job.

You will be required to provide ASU with a re-certification from your treating health care provider using the enclosed form once every _____ days or _____ weeks or _____ months.

Benefits

- While on leave, you may choose to continue your health benefits:
 - During paid leave: The employee portion of the premiums will be deducted from your check as usual.
 - During unpaid leave: You will be billed for both the employee and ASU portions of premiums.
 - Workers' Compensation: You are responsible for the employee portion only for the first six months of leave.

When you are billed, you have a minimum 30-day grace period in which to make payment. If payment is not made timely, your benefits will be cancelled 15 calendar days after the date of your Notice of Cancellation, retroactive to the last day of the pay period for which coverage had been paid.

IMPORTANT: If you terminate your benefits coverage, you may re-enroll within 30 days of your return to work. If you miss your 30-day enrollment period, you may enroll only if you have a [qualified life event](#) or during the next [open enrollment](#) period in the fall.

- If you have short-term disability coverage under ASU’s benefit plan, you must contact Employee Services or Faculty Services and ask to speak with a Disability & Leaves Program Management representative in order to initiate the application process.
- If you have the Health Care or Limited Health Care Flexible Spending Accounts (FSA), it may be continued while on a leave without pay by making payments directly to ASU on an after-tax basis. By doing this, you will have access to your account. Please contact HR to make arrangements.

A Dependent Care FSA (also known as Child/Adult Day Care FSA) cannot be continued while you are in an unpaid status.

Within **30 calendar days** of returning to work, you must complete the **FSA Change Form** to re-enroll in the medical and/or dependent accounts; otherwise this benefit will cease for the remainder of the calendar year.

- If you go to an unpaid status during your leave, it is a qualified event that allows you to make changes to your benefit plans. You have **30 calendar days** from the event date to submit benefits changes by completing the **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources Web site. Please contact Employee Services at 855.278.5081 or Faculty Services at 480.727.9900 if you have questions.

Additional information is needed to determine if your leave request can be approved:

- The documentation you have provided is not complete and sufficient to determine whether you qualify for a leave. You must provide the following information no later than _____, unless it is not practicable under the particular circumstances despite your diligent good faith efforts, or your leave may be denied.

- We are exercising our right to have you obtain a second or third opinion medical documentation at our expense, and we will provide further details at a later time.

Your leave of absence has been denied: _____

If you have any questions, contact your department leaves representative _____ at (____) _____.

- Enclosures:
- ASU Leave Medical Documentation
 - Health Care Provider Release to Return to Work
 - Benefits Enrollment/Change Form
 - _____
 - _____