

Employee Name:		Employee ID:	
Job Title:	Division/Department:		
Classification:	Full-Time:	Part-Time:	Exempt: Non-Exempt:
Supervisor Name:	Supervisor email/Ext.		
Date Requested:	Date of Requested Extension (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



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

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
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