



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 Acknowledgment of Request. 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>