

Leave of Absence Request

INSTRUCTIONS:

1. Review Leave of Absence Guidelines. Discuss request with appropriate supervisor/manager/administrator.
2. Complete request and submit to appropriate administrator.
3. For leave advising, schedule an appointment with *Leave Coordinator* in Human Resources.
4. **All medical certifications should be directly forwarded to Human Resources. Do not attach to request.** Employee should indicate that the verification is on file and can be confirmed by contacting the *Leave Coordinator* in Human Resources.
5. Forward to Human Resources for eligibility/entitlement determination.

Employee Information	
Name	Bargaining Unit <input type="checkbox"/> Exempt <input type="checkbox"/> Non Exempt
Address	Department
City, State Zip:	Supervisor/Manager: Extension
Home Phone: Work Extension:	Current Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: Time base _____

Reason(s) for Leave: (Check and complete all that apply)

- Family Medical Leave* Medical - Non-Industrial* Maternity/Paternity/Adoption Military Leave: (Attach copy of orders)
- Personal/Other (state nature): _____

*** Medical certification required**

Note: Additional information/correspondence regarding the nature of the leave may be attached to the request.

Period of Absence				
<input type="checkbox"/> Full	Last day physically worked	Leave effective date	Leave end date	Return to work date
<input type="checkbox"/> Intermittent (FML only)	Leave effective date	Leave end date	Anticipated schedule	
<input type="checkbox"/> Partial Leave/Reduced schedule	Leave effective date	Leave end date	Anticipated Schedule FROM _____ hrs/wk TO _____ hrs/wk	

Employee Signature

My signature below certifies that the information relevant to this application for leave is accurate and truthful. I also understand that any misrepresentation on my part may be cause for denial or rescission of the leave.

Employee Signature _____ Date

Required Signatures

Administrator/Chair/Dean

Supervisor/Chair Signature _____ Date: _____ Approved Denied (Leave without Pay only)

Manager/Dean Signature _____ Date: _____ Approved Denied (Leave without Pay only)

Human Resources Signature(s)

Leave Coordinator Signature _____ Date: _____ Approved Denied

Associate Vice President of Human Resources (Required for Leaves without Pay)

Signature _____ Date Approved Denied

Employee Responsibility

- To keep appropriate supervisor/manager/administrator and Human Resources informed of leave status.
- All medical certifications must be submitted to Human Resources.
- If employee is on a medical leave, release to return to work must be submitted to Human Resources prior to reporting to work.

Leaves Information

- An informal leave of absence that is not applicable under FMLA guidelines may be granted at the departmental level, if the leave is for 15 calendar days or less. Payroll must be notified of informal leave without pay as soon as possible.
- Any leave longer than 15 calendar days must be authorized by Human Resources. The **Leave of Absence Request** form must be completed.
- Approval or denial of Leave without Pay request must be made by appropriate administrator and the Associate Vice President of Human Resources based on operational needs of the Department/University.
- ALL Family Medical Leave (FML) eligible requests must be processed on a **Leave of Absence Request** form, regardless of the length of the leave.
- When applying for FML, a signed **FMLA Notice and Request** form must be received in Human Resources with your completed **Leave of Absence Request** form. The **Health Care Provider's Certification** must be provided to Human Resources within 15 days from the date the **provisional FML** (effective date of leave) was approved.

CSU Family Medical Leave (FML)

You may be eligible for the CSU Family Medical Leave if you have been employed by the California State University or State of California for at least twelve months (management/staff) or one academic year (Faculty), not necessarily continuously, and your leave is for any of the following reasons:

- You are unable to perform the essential functions of your own job because of your own serious health condition; or
- To care for your child after birth, or placement for adoption or foster care; or
- To care for your spouse, son or daughter, or parent, who has a serious health condition.

In addition, Family Medical Leave will be tracked with Non-Industrial Disability Insurance (NDI) and Industrial Disability Insurance (IDL); for all units except APC Unit 4 per Collective Bargaining Agreement. For additional information please read the FML information provided on the Human Resources Website. Leaves for FML purposes, paid or unpaid, will be counted toward the 12-week FML entitlement. **A Health Provider Certification must be provided to Human Resources in order to determine eligibility.**

Effects of a Leave of Absence

The Leave of Absence may affect:

- required probationary period
- salary bonus programs
- service toward sick leave and vacation accrual
- accumulation of seniority points
- State service in the California State Retirement System (CalPERS)
- State Service with the University

Refer to the appropriate Collective Bargaining Agreement (CBA) regarding possible effects of an approved leave of absences.