



## Leave of Absence Request Form

### SECTION A – TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT OR TYPE)

Date of Request:	Department:	Department Extension:	
Employee ID:	Name (first name, middle initial, and last name):	Phone Number:	
Address (include city, state, and zip code):			
Leave Beginning Date:	Leave Ending Date:	Last Date Physically Worked:	Expected Return to Work Date:

### REASON FOR LEAVE REQUEST

Medical certification/supporting documentation for leave must be submitted directly to Human Resources.

#### Family Medical Leave of Absence- FML

- ☐ Serious Medical Condition of Employee
- ☐ Serious Medical Condition of Family Member (specify relationship) \_\_\_\_\_
- ☐ Employee's Pregnancy
- ☐ Adoption
- ☐ Placement of Foster Child with Employee
- ☐ Parental Leave (30 days)
- Intermittent Schedule \_\_\_\_\_

#### Other Leave

- ☐ Military Leave
- ☐ Education Leave
- ☐ Personal Leave (Please explain):

#### Faculty Parental Leave (Article 23.4-23.6) Check one box

- ☐ Parental Leave (30 days)
- ☐ Leave Sharing (Maximum 30 days) \_\_\_\_\_ days  
Spouse/Partner \_\_\_\_\_ Dept. \_\_\_\_\_
- ☐ Workload Reduction of 40% in lieu of Parental  
Leave. Working 60% \_\_\_\_\_ semester

Check each insurance plan you wish to continue during your leave. (See benefits section on the back of this form before completing).

☐ **Medical** ☐ **Dental** ☐ **Vision**

Check yes or no for **Non-Industrial Disability**. (See NDI section on the back of this form)

☐ **Yes** ☐ **No**

I certify that all the facts are true and correct to the best of my knowledge. If my request for a leave of absence is approved, I understand that I must abide by all of the terms and conditions of my leave of absence. If I am unable to return to work on the specified date, I am to notify Human Resources of the change. Failure to notify Human Resources may result in my being absent without authorization.

Employee Signature

Date

### SECTION B – TO BE COMPLETED BY AUTHORIZED ADMINISTRATOR

Department Administrator Name	Signature	Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Division Administrator Name	Signature	Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Denial and Recommendation:			

Submit Leave of Absence Request Form to Human Resources

### SECTION C – TO BE COMPLETED BY HUMAN RESOURCES

Authorized HR Representative Name	Signature	Date	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## **Leave of Absence Information**

### **Advance Notice:**

An employee should provide at least 30 days' notice to the campus before commencement of the leave. However, if the leave must begin in less than 30 days, the employee must provide as much notice as possible. An employee who takes a foreseeable leave based on planned medical treatment must make a reasonable effort to schedule the treatment, subject to the health care provider's approval, so as not to unduly disrupt the campus' operations. If a Family Medical Leave is not foreseeable, the employee should inform the supervisor as soon as possible after learning of the need for leave.

### **CSU Family Medical Leave:**

CSU Family and Medical Leave (FML) provides eligible employees up to 12 weeks of unpaid, job-protected leave in a 12-month period for certain family and medical reasons. The 12-month period is measured forward from the date the employee's first FML leave begins. If the leave you are requesting meets federal and state Family Medical Leave (FML) requirements, you should be aware of your rights and obligations. The period of this leave will be counted as federal and state Family Medical Leave in determining your future eligibility for additional FML.

Under FMLA, eligible employees are entitled to unpaid leave for any of the following reasons: employee is unable to perform the essential functions of his/her own job because of the employee's own serious health condition; or to care for the employee's child after birth, or placement for adoption or foster care; or to care for the employee's spouse or domestic partner, son or daughter, or parent, who has a serious health condition. Additional information may be contained in the respective collective bargaining agreements.

### **How to request a leave of absence:**

- 1) Complete a Leave of Absence Request form. Forms may be obtained in HRwebsite.
- 2) Section A: Must be completed by the employee.
- 3) Section B: Must be completed by the following authorizations:
  - Department Administrator should approve form within five days of receipt and
  - Division Administrator should approve within five days of receipt.
- 4) Once signed/approved, the completed form and medical certification shall be submitted to HR. HR will provide written notification to the employee within 10 days.
- 5) If an employee wishes to return early from leave, a written statement must be submitted to HR. HR will notify the employee's department. (Upon return from a medical leave of absence, employees must obtain authorization to return to work).
- 6) If leave is to be extended, a brief statement must be submitted to HR. For medical leave extensions, employees must submit medical certification.
- 7) Upon return from a medical leave of absence, an employee must present a doctor's authorization to return to work.

### **Benefits during leave:**

If any employee has benefits, all benefits automatically continue during any paid leave. During any unpaid remainder of the 12 weeks of FML, the CSU will continue to pay its normal share of premiums for medical, dental and vision coverage. No CSU premiums will be paid during any period of leave in excess of 12 weeks in a 12-month period.

An accounts receivable will be established for any employee premiums required during unpaid leave. If an employee wishes to suspend medical coverage during the unpaid leave, the CSU will also suspend its medical premium payments but dental and vision coverage will be continued. Suspended medical coverage may be reinstated upon return to activestatus.

If the employee does not return from FML, the CSU will require the employee to reimburse it for medical, dental and vision premiums paid on the employee's behalf during the unpaid portion of the leave. However, no reimbursement will be required if the employee does not return because of a serious health condition or if they are unable to return due to circumstances which are outside of their control.

### **Non-Industrial Disability (NDI):**

Non-Industrial Disability Insurance is a wage continuation program paid for by the state. There are no employee contributions, enrollment fees or medical examinations required in order to be eligible. NDI provides up to 26 weeks of benefits to eligible employees who are unable to work due to a non-work-related illness or injury including pregnancy. This plan is in lieu of State Disability Insurance (SDI) benefit that is also administered through the Employment Development Department.