



A. EMPLOYEE INFORMATION

Faculty Staff/Management

Employee ID	First Name	Last Name	Department	Date Initiated
Contact Information While on Leave:				
Address		City	State	Zip
Phone Number				

B. LEAVE OF ABSENCE INFORMATION (please complete all sections)

Action	Leave Type	Leave Time Base	Leave Credits	
<input type="checkbox"/> New <input type="checkbox"/> Change* Leave Ext. Date: _____ Early Return Date: _____ <input type="checkbox"/> Cancel* <small>*Attach copy of original leave form</small>	<input type="checkbox"/> Medical* <input type="checkbox"/> FML Self <input type="checkbox"/> FML Family Relationship: _____ <input type="checkbox"/> Military (attach orders) <input type="checkbox"/> Organ Donor Program* <small>*Medical certification required **Attach evidence of due date/birth/adoption</small>	<input type="checkbox"/> Pregnancy Disability** <input type="checkbox"/> Parental** Faculty: <input type="checkbox"/> 50 paid days <input type="checkbox"/> 60% paid reduction <input type="checkbox"/> Personal (Unpaid) <input type="checkbox"/> Professional (Unpaid) <small>(Attach description of activity)</small>	<input type="checkbox"/> Full <input type="checkbox"/> Partial* (For partial, provide the number of hours or WTU absent per week: _____) <input type="checkbox"/> Intermittent <small>*(Employees not taking consecutive leave, attach a work schedule)</small>	Will you be using leave credits? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check all credits that will be used: <input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal Holiday <input type="checkbox"/> CTO
Dates for Leave (Please specify month, day, and year)		Non-Industrial Disability Insurance (NDI)		
Date From:	Will you be applying for NDI?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Through and Including:	If yes, you must exhaust your sick leave balance. If you choose to use your vacation, you must exhaust your balance. Do you elect to use your vacation credits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Expected Return to Work Date:	Will you be applying for Catastrophic Leave?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, you must exhaust all leave, credits.		

C. EMPLOYEE CERTIFICATION AND ACKNOWLEDGEMENT OF LEAVE DATES

This is to certify that the information provided here is accurate to the best of my knowledge

_____ Date _____

Employee's Signature

D. RECOMMENDATIONS (as appropriate per division)

Position	Printed Name	Signature	Recommended? if not recommended, please attach justification
Chair / Director:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean / Administrator:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Vice President / President: (if applicable)			<input type="checkbox"/> Yes <input type="checkbox"/> No

FORWARD COMPLETED FORM TO TOTAL WELLNESS (CP700) FOR PROCESSING

FOR HUMAN RESOURCES USE ONLY:

Vice President HRIE:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Details:	Review Details:	Comments:
Employee Class: _____ Hire Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied Type: _____	_____
SCO Position #: _____ FTE: _____	Reviewed by: _____	
Empl Rcd: _____ CBID: _____	Forwarded To: _____	
	Date Forwarded: _____	



PAID AND UNPAID LEAVES OF ABSENCE FOR FACULTY, STAFF AND MANAGEMENT EMPLOYEES

A Leave is an employee originated request and it is the employee's responsibility to initiate the request in a timely manner, unless the employee is unavailable due to illness or injury, in which case, the department should initiate the request. Use this form to request any of the following leave types: Medical, FML Self or FML Family (to care for ill parent, child or spouse/domestic partner), Pregnancy Disability, Parental (Maternity, Paternity or Adoption), Military, Organ Donor, or Leave of Absence Without Pay (Personal or Professional). FERP participants shall be granted one (1) leave of absence without pay for personal illness for all or part of the period of employment, such leaves shall not affect future participation in FERP, and the 5-year FERP period is not extended due to a leave of absence.

FORMAL LEAVE REQUESTS: To request a Full or Partial leaves with or without pay; complete this form even if you have sufficient leave credits and/or want to apply for Non-Industrial Disability (NDI).

INFORMAL LEAVE: Leaves without pay of 5 work days or less may be granted at departmental level. The leave form does not need to be completed. Report absences or time to be docked in Absence Management via the campus portal.

Procedures and timelines

Employee: Complete the Request for Formal Leave of Absence form and submit with any required supporting documentation to Department Head/Director/Chair at least 30 days prior to the effective date of the requested leave. If circumstances prevent a 30-day advance notice, notice shall be given as soon as the event necessitating the leave is known. All Medical leaves must have a Certification of Health Care Provider attached. Returning to work - the employee is required to present a physician's release to return to work.

Department Head/Director/Chair: If recommended, forward the approved leave form and documentation as appropriate to the Dean/Appropriate Administrator within 5 days of receipt. If not recommended, the form is returned to the employee with written justification of the denial, and a copy of the leave form and justification must be sent to HRIE.

Dean/Administrator: If recommended, forward the approved leave form and documentation as appropriate to the appropriate Vice President, if applicable, or to Human Resources and Inclusive Excellence (HRIE) within 5 days of receipt from the Department Head/Director/Chair. If not recommended, the form is returned to the employee with written justification of the denial, and a copy of the leave form and justification must be sent to HRIE.

Human Resource and Inclusive Excellence (HRIE): Within 5 days of receiving the approved formal leave of absence form, and all supporting documents, HRIE will provide written notice to the employee with copies to the department outlining the details of the leave, including anticipated return date.

REQUEST FOR EARLY RETURN OR EXTENSIONS: Employee must provide an updated Certification of Health Care Provider to HRIE as soon as the need to change is known. The document(s) will be reviewed, and the employee will be notified in writing.

Things to consider while on leave:

- No service credit or leave accruals will be earned in a pay period in which fewer than 11 days are paid.
- CalPERS Service Credit will not be earned on a leave of absence without pay or while receiving pay under NDI (Non-Industrial Disability Insurance); service credit will be prorated if leave is less than a full month.
- To continue health benefits during a leave of absence without pay (full time), the employee must request enrollment in Direct Pay and pay the employer's and the employee's share of the premium.
- To continue health benefits during a partial leave of absence without pay:
 - For staff or management employees, work at least 20 hours per week to maintain coverage, if working less than 20 hours per week, employee will lose benefits eligibility and will need to request enrollment in Direct Pay and pay the employer's and the employee's share of the premium.
 - For full-time faculty, work a minimum of 7.5 units to maintain coverage. If working less than 7.5 units, you will lose benefits eligibility and will need to request enrollment in Direct Pay and pay the employer's and the employee's share of the premium.
 - For part-time temporary faculty, work a minimum of 6 units to maintain coverage. If working less than 6 units, you will lose benefits eligibility and will need to request enrollment in Direct Pay and pay the employer's and the employee's share of the premium.
- Effect on probation:
 - Staff employees- the probationary period will be extended for the same number of days an employee is on paid sick leave or family medical leave of over thirty (30) days, parental leave, and for any day an employee is on Workers' Compensation (WC), Industrial Disability Leave (IDL), Non-Industrial Disability Insurance (NDI), Military Leave or formal leave without pay (LWOP). Please consult the appropriate Collective Bargaining Agreement for further information.
 - Faculty - An extension of the probationary period due to a leave of absence may be requested. For more information, please consult Article 13.7&8 of the faculty Collective Bargaining Agreement or contact HRIE at x2425.
- Consult the appropriate Collective Bargaining Agreement for information regarding eligibility for a leave of absence and accumulation of seniority points during a leave of absence.
- If you will be on an extended leave and have no need to return to campus during your leave, you may want to return your parking permit and cancel your payroll deduction. You are responsible for the monthly payment for as long as the parking permit is in your possession. Payments not received through deduction will be invoiced to the permit holder. To cancel your parking deduction, contact Parking and Transportation Services at 657-278-3082.