

COMPLETING THE LEAVE OF ABSENCE REQUEST FORM

A leave of absence is defined as any time away from work (excluding vacation), either paid or unpaid anything over 5 days or if hospitalized.

An employee must complete the Leave of Absence Request Form by following the steps below and obtain the appropriate signatures prior to beginning a leave of absence. In the event the employee is unable to complete the form, an authorized representative (i.e., employee's appropriate Administrator) must be elected to complete this procedure.

- Step 1. Notification:** After completing the first three sections (Employee Information, Purpose of Leave, and Dates of Leaves), the employee signs and gives the form to his/her appropriate Administrator. The appropriate Administrator must sign and date the form, indicating acknowledgement of employee's intent to request a leave of absence. **The form must be signed and returned to the employee within 5 days of receipt by the appropriate Administrator.** The leave is not approved at this point.
- Step 2. Payroll Services and Benefits:** The employee must meet with the Payroll and Benefits Manager who will complete the Available Leave Credits section indicating the amount of available leave credits (sick, vacation and PH) and indicate the appropriate pay period and discuss any impact the leave will have on the employee's benefits coverage. The Payroll and Benefits Manager will determine which leave credits are available for the employee to use, will make the appropriate notation on the form, estimate the leave without pay date and approve the leave.
- Step 3. Completed form:** The Payroll and Benefits Manager will provide a copy of the completed form to the employee and Payroll Services. The appropriate Administrator will be notified by the Payroll and Benefits Manager to indicate how to record the use of the employee's leave credits.

INFORMATION ON FAMILY MEDICAL LEAVE

Family Medical Leave (FML) is 12 weeks of benefits coverage available to an eligible employee for his/her own serious illness. FML can also be used by an employee to care for his/her child, spouse, or parent with a serious illness. FML begins the day after the employee's last day worked, and runs concurrent with the use of accumulated leave credits. The CSU will continue to pay its portion of the employee's benefits during the 12 week period, including any unpaid portion of FML.

For **maternity leave only**, FML coverage will be assigned as follows. If the employee utilizes Non-Industrial Disability Insurance (NDI), FML will begin after NDI has ended. If NDI is not used, FML will begin 6-8 weeks after the birth of the baby and runs concurrent with the use of paid parental leave.

SPECIAL NOTES TO DEPARTMENT

BE SURE TO **TRACK** THE REQUESTING EMPLOYEE'S **PAID** TIME OFF ON THE EMPLOYEE'S TIME SHEET. WORK WITH THE PAYROLL AND BENEFITS MANAGER REGARDING THE COORDINATION OF DATES AND AVAILABLE LEAVE CREDITS.

WHEN THE EMPLOYEE **RETURNS TO WORK** AT THE END OF AN **UNPAID** LEAVE OF ABSENCE, THE PAYROLL AND BENEFITS MANAGER **MUST** BE CONTACTED AND WILL PREPARE THE PAPERWORK TO RETURN THE EMPLOYEE TO ACTIVE STATUS ON THE UNIVERSITY'S PAYROLL ROSTER.

LEAVE OF ABSENCE REQUEST FORM

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID # _____

Department/School: _____ Full or Part Time: _____

PURPOSE OF LEAVE

Requesting: Full Leave _____ Intermittent Leave _____ Military Leave _____ Time Base Reduction _____

Type of Leave: (please check all that apply)

Parental (maternity/paternity/adoption) _____ Family Medical Leave (FML) _____

Extended Sick _____ Professional _____ Educational _____ Personal _____

DATES OF LEAVE

Estimated last day you intend to be physically at work: _____

Estimated date of return from leave: _____

Appropriate Administrator's Name: _____

Appropriate Administrator's Signature: _____ Date: _____
(Acknowledgement of leave, not an approval)

AVAILABLE LEAVE CREDITS (IN HOURS)

Balances as of: _____

Sick Leave _____ Vacation _____ CTO _____ ADO _____ Excess/Minus _____ PH _____ PL _____

Applying for NDI?* _____ Requested Cat Leave Donations?** _____

Approximate date employee will begin leave without pay _____

* All sick leave credits must be exhausted prior to receipt of NDI

** All leave credits must be exhausted and may need to apply for NDI to receive Catastrophic Leave Donations

SIGNATURES

I understand it is my responsibility to inform my Department and Payroll Services and Benefits prior to my return from leave and provide documentation that I have been cleared to return to work.

Employee Signature: _____ Date: _____

Payroll and Benefits Manager: _____ Date: _____