



REQUEST FOR FORMAL LEAVE OF ABSENCE

A. INSTRUCTIONS: A leave of absence is defined as time away from work in excess of five consecutive workdays, excluding pre-approved vacation time. If you are represented by a collective bargaining agreement (CBA), please review the leave provisions in your CBA. **For assistance in completing this form, preparing a leave calendar, by emailing leaves@csumb.edu.** After completing this form, submit it to leaves@csumb.edu. A leaves analyst will route this for all applicable signatures and pay processing via adobesign.

B. EMPLOYEE INFORMATION Faculty Staff

| | | | |
|-----------------------|------------|-----------|--------------------------|
| Employee ID | First Name | Last Name | Campus Ext. |
| Manager's Name & Ext. | Department | | Timekeeper's Name & Ext. |

CONTACT INFORMATION WHILE ON LEAVE

| | | |
|-----------------|----------------|-------|
| Mailing Address | Personal Email | Phone |
|-----------------|----------------|-------|

C. LEAVE OF ABSENCE INFORMATION (Please complete all sections)

| | | | |
|---|---|--|---|
| Action <input type="checkbox"/> New <input type="checkbox"/> Change New End Date New Start Date <input type="checkbox"/> Cancel | Leave Type <input type="checkbox"/> Medical ² <input type="checkbox"/> FML Self <input type="checkbox"/> FML Family Relationship: <input type="checkbox"/> Parental/Adoption/ Foster Parent ¹ <input type="checkbox"/> Organ/Bone Marrow Donor <input type="checkbox"/> Military ² ¹ Medical certification required ² Attach copy of orders and other evidence as needed. | <i>Administrator or Provost Approval Required:</i> <input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional* * Faculty only | Leave Credits Check types of leave: <input type="checkbox"/> Sick: ___ hrs <input type="checkbox"/> Vacation: ___hrs <input type="checkbox"/> CTO: ___ hrs <input type="checkbox"/> Personal Holiday ___ <i>Leave balances can be viewed in CMS.</i> Will you be applying for NDI? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If yes, sick leave balance must be exhausted.</i> Will you be applying for Catastrophic Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, all leave credits must be exhausted and the employee deemed totally incapacitated from work by physician.</i> |
|---|---|--|---|

Period of Absence (check all that apply)

| | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> FULL Last Day Physically Worked | Leave Start Date | Return to Work Date |
| <input type="checkbox"/> PARTIAL Leave Start Date <i>Attach work schedule</i> | Partial Leave End Date | Return to Full Time |
| <input type="checkbox"/> Intermittent Start Date <i>Attach work schedule</i> | Intermittent End Date | Return to Work Date |
| <input type="checkbox"/> Leave Without Pay (LWOP) | Benefits to be Paid Out-of-Pocket | |
| Start Date | Return to Work Date | L WOP: <input type="checkbox"/> Medical <input type="checkbox"/> Dental |
| Hours worked per week | | <input type="checkbox"/> Vision <input type="checkbox"/> Group Life Insurance |
| | | <input type="checkbox"/> Long Term Disability |

⁴ Unless the leave falls under the Family Medical Leave Act, the following conditions apply: While on leave, if an employee's salary is insufficient to cover benefits, the employee may lose all health, vision, and dental benefits. Please discuss with HR for possible salary implications and options. Unit 3 CBA Article 22.8: Faculty unit employees on a personal leave without pay shall not accrue service credit toward probation, sabbatical eligibility, difference in pay eligibility, service salary increase eligibility, or seniority except as provided in provisions 22.22 and 22.23 of this article. Unit 3 CBA Article 22.7: A faculty unit employee on a leave of absence without pay shall notify the appropriate administrator no later than April 1 of his/her intention to return to duty at the beginning of the academic year or no later than October 1 of his/her intention to return to duty at the beginning of the spring term or winter quarter.

rev. 04/28/2023

D. EMPLOYEE CERTIFICATION: My signature indicates that information relevant to this application for leave is accurate and truthful. I understand the terms and conditions of Leaves and request Leave for the reasons provided. I understand that any misrepresentation on my part may be cause for denial or rescission of the leave and/or disciplinary action. I understand I will be required to submit appropriate certification related to my leave to my manager (staff) or department chair (faculty) and UP prior to resuming work.

Employee signature

Date

E. RECOMMENDATIONS AND APPROVALS: I have discussed this request with the employee, consulted with HR, and understand that final eligibility and approval for medical and family-related leaves is determined by HR.

Leaves of Absence (Medical, Parental, Family Care, etc.)

(Staff) Administrator's Signature

Date

(Faculty) Chair's Signature

Date

(Faculty) Dean's Signature

Date

(Faculty) Provost's Signature

Date

Leaves of Absence (Personal, Educational, and Professional)

(Staff) Administrator's Signature

Date

F. UNIVERSITY PERSONNEL USE ONLY

CBID FT PT Temp Permanent/Tenured

FML Eligible YES NO

Leave Consultation Date
 Weeks of Available FML Entitlement
 Estimated Date of FML Expiration

HR has determined this leave of absence is qualified and medically certified: YES NO

Actual Leave Taken

EffectiveDate RTWDate CMS EntryDate (Faculty Prof. Leave) FMLA Houn Used

Probation End Date Adjusted

Tenure Clock Stop Dates HR Signature

Date