



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, and for leave advising, you may schedule an appointment with University Personnel (UP) at (831) 582-3389.** After completing this form, submit it and your leave calendar (if applicable) to your manager (staff) or chair (faculty) and UP.

B. EMPLOYEE INFORMATION Faculty Staff

Employee ID	First Name	Last Name	Campus Ext.
Manager's Name & Ext.		Department	Timekeeper's Name & Ext.
<i>Contact Information While on Leave:</i>			
Mailing Address:		Email	Phone #

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

Action	Leave Type	Administrator or Provost Approval Required:	Leave Credits
<input type="checkbox"/> New <input type="checkbox"/> Change ¹ <div style="border: 1px solid gray; width: 100px; height: 20px; margin: 5px 0;"></div> New End Date: <div style="border: 1px solid gray; width: 100px; height: 20px; margin: 5px 0;"></div> New Start Date: <input type="checkbox"/> Cancel ¹	<input type="checkbox"/> Medical ² <input type="checkbox"/> FML Self <input type="checkbox"/> FML Family Relationship: <input type="checkbox"/> Parental/Adoption/ Foster Parent ² <input type="checkbox"/> Organ/Bone Marrow Donor <input type="checkbox"/> Military ³	<input type="checkbox"/> Personal <input type="checkbox"/> Educational <input type="checkbox"/> Professional* *Faculty only	Check types of leave you wish to use. <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? <input type="checkbox"/> YES <input type="checkbox"/> NO <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 employee be deemed totally incapacitated from work by physician.</i>
Footnotes:			
¹ Attach copy of original leave form ² Medical certification required ³ Attach copy of orders and other evidence as needed.			

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 <i>Attach work schedule</i>	Partial Leave Start Date	Partial Leave End Date	Return to Full Time	
<input type="checkbox"/> Intermittent <i>Attach work schedule</i>	Intermittent Start Date	Intermittent End Date	Return to Work Date	
<input type="checkbox"/> Leave Without Pay (LWOP)⁴	LWOP Start Date	Return to Work Date	Hours worked per week	Benefits to be Paid Out-of-Pocket on LWOP: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Group Life Insurance <input type="checkbox"/> Long Term Disability

⁴Unless the leave falls under the Family Medical Leave Act, the following conditions apply: While on leave, if an employee's salary is not sufficient to cover benefits, the employee may lose all health, vision, and dental benefits. Please discuss with UP 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.

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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.

<i>Employee Signature</i>	<i>Date</i>

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

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	<input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend	Date:
(Faculty) Chair's Signature	<input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend	Date:
(Faculty) Dean's Signature	<input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend	Date:
(Faculty) Provost's Signature	<input type="checkbox"/> Recommend <input type="checkbox"/> Do not recommend	Date:

F. UNIVERSITY PERSONNEL USE ONLY

CBID	<input type="checkbox"/> FT	<input type="checkbox"/> PT	<input type="checkbox"/> Temp	<input type="checkbox"/> Permanent/ Tenured	EE Leave Consultation Date
FML Eligible <input type="checkbox"/> YES <input type="checkbox"/> NO	Estimated Date of FML Expiration			Weeks of Available FML Entitlement	

UP has determined this leave of absence is qualified and approved: <input type="checkbox"/> YES <input type="checkbox"/> NO			
<i>Actual Leave Taken</i>			
Effective Date	RTW Date	CMS Entry Date (Faculty Prof. Leave)	FMLA Hours Used
<input type="checkbox"/> Probation End Date Adjusted <input type="checkbox"/> Tenure Clock Stop Dates:	UP Signature		Date