



Employee Information

Name:	Employee ID:	Personal Phone Number:
Mailing Address (Street):	Mailing Address (City):	Mailing Address (State & Zip):
Department:	Classification:	Campus Phone Number:
Emergency Contact Name & Phone Number:	Personal Email Address:	Currently on Probation (if applicable)

Reason for Leave

Employee Illness/Injury (Non-Industrial)** Family Care* Maternity/Paternity* Military Leave (Attach copy of orders) Leave W/O Pay (LWOP)
*Medical certification required. Note: Additional information/correspondance regarding the nature of the leave may be attached to the request.
**Medical certification required. Medical release required PRIOR to return to work. Employees will not be allowed to return until paperwork is on file.

Period of Absence

<input type="checkbox"/> Full (continuous)	Last Day Physically Worked:	Leave Start Date:	Return to Work Date:
<input type="checkbox"/> Intermittent	Intermittent Start Date:	Intermittent End Date:	Anticipated Schedule:(list estimated frequency/duration)
<input type="checkbox"/> Partial Leave/ Reduced Schedule	Leave/Reduction Start Date:	Leave/Reduction End Date:	Anticipated Schedule:(if known, determined by physician)
<input type="checkbox"/> Leave Without Pay (LWOP)	Last Day Physically Worked:	Leave Start Date:	Return to Work Date:

Time Usage (paid and/or unpaid) CHECK ALL THAT APPLY

Paid – Request to use: Sick Vacation Personal Holiday CTO Parental Leave (if applicable) NDI Disability Pay (if applicable)
 Unpaid – (LWOP) (Subject to approval of the AVP of Human Resources, unless the unpaid leave runs concurrently with Family Medical Leave)

Employee Signature

Employees on an approved leave of absence are not permitted to work. Responding or taking action on work emails during a leave of absence will not be recognized by SFSU as work time. SFSU reserves the right to suspend an employee's SFSU PeopleSoft access while on a leave of absence if misuse is found. My signature below certifies that information relevant to this application for leave is accurate and truthful. I understand any misrepresentation on my part may be cause for denial or rescission of the leave. I understand I will be required to submit a medical certification for a medical leave request. Please see the reverse side for information on leave of absence.

Employee Signature:	Date:	
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Required Signatures for Leave with Pay

Immediate Supervisor:	Signature:	Date:
Appropriate Department Administrator (MPP):	Signature:	Date:
Leave Program Manager: Dao VanQuate	Signature:	Date: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved

Required Signatures for Leave Without Pay (LWOP) ONLY (unless the unpaid leave runs concurrently with FML)

Immediate Supervisor:	Signature:	Date:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Appropriate Department Administrator (MPP):	Signature:	Date:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
AVP of Human Resources:	Signature:	Date:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved