



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/Chair:	Signature:	Date:
Appropriate Department Administrator/Dean (MPP):	Signature:	Date:
Leave Program Manager: Martha Paul	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/Chair:	Signature:	Date:	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Appropriate Department Administrator/Dean (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



Employee Responsibilities

- Employee is to discuss the leave request with the appropriate administrator at least 30 days prior to taking leave if possible.
- Employee is to complete the **Leave of Absence Request** in its entirety, and submit to the HR Leave Program Manager. Incomplete requests could result in the request being denied.
- Employee should contact the Leave Program Manager if leave advising and planning is needed.
- Employee is to submit required **Medical Certification** to the Leave Program Manager by the specified deadline. Employees are not required to submit the **Medical Certification** to their department.
- Employee is to keep the Leave Program Manager and appropriate administrator up to date of his/her leave status and any changes.
- Employee is required to submit release to return to work paperwork (for leave resulting from employee illness/injury) to the HR Leave Program Manager **prior** to reporting to work. Failure to do so will result in the employee being sent home until paperwork is submitted.

Department Responsibilities

- Department is to notify the Leave Program Manager as soon as an absence of 3 or more days occurs.
- Department is to provide the employee with the applicable **Medical Certification** form once notified of a medical leave. Advise the employee to return the completed certification to the Leave Program Manager.
- Department is to review the **Leave of Absence Request** with the employee.
- Department is **not** to ask for medical documentation for a medical leave, nor make determinations on a medical leave if documentation is submitted to the supervisor.
- Department is encouraged to work with the Leave Program Manager for clarification and tracking FML usage regarding their employee's medical leave.
- Department will approve time in Absence Management (AM). Department will create timely ETRACS for unpaid leave of absence and short term disability as directed by Leave Program Manager.

Leave Program Manager Responsibilities

- Leave Program Manager will review the **Leave of Absence Request** and any medical documentation if applicable and submit the appropriate FML letters to the employee and appropriate administrator.
- Leave Program Manager will communicate with the employee on required documentation needed to supplement a medical leave and highlight the deadline for all paperwork.
- Leave Program Manager will track all medical leaves and usage of FML time in coordination with Department.
- Leave Program Manager will coordinate with the employee and appropriate administrator to communicate any changes in the leave status.

CSU Family Medical Leave (FML)

You may be eligible for the FML if you have been employed by the California State University or State of California for at least twelve months (management/staff) or one academic year (Faculty), not necessarily continuously, and your leave is for any of the following reasons:

- Employee's own serious health condition that makes the employee unable to perform the essential functions of his/her job;
- Care for the employee's spouse, registered domestic partner, child or parent with a serious health condition;
- Birth of a child and to care for the newborn within one year of birth;
- Placement of a child with employee for adoption or foster care and to care for the newly placed child within one year of placement;
- Qualifying Military Exigency Leave (MEL) arising out of the fact that the employee's spouse, registered domestic partner, son, daughter, or parent is a member of any branch of the military, including the National Guard or Reserves, and is deployed or called to active duty in a foreign country; and/or
- Military Caregiver Leave (MCL) for a covered service member who sustains a serious injury or illness in the line of duty while on active duty in the United States Armed Forces.

Additional FML information can be found on the Human Resources website. Leaves for FML purposes, paid or unpaid, will be counted toward the 12-week FML entitlement. A **Medical Certification** must be provided to the Leave Program Manager in order to determine eligibility.



Leave Information

- Recommendation of a Leave Without Pay request must be made by the appropriate administrator based on operational needs of the Department/University. Final approval or denial is made by the AVP of Human Resources.
- ALL CSU eligible FML requests must be processed on a **Leave of Absence Request** form, for absences of 3 or more days.
- The **Medical Certification** must be provided to the Leave Program Manager within 15 days from the date the employee requests a leave.

Effects of a Leave of Absence

The Leave of Absence **may** affect:

- Required probationary period, credit towards probation, sabbatical eligibility, and service salary step increase
- Service toward sick leave and vacation accrual
- Accumulation of seniority points
- State service in the California state retirement system (CalPERS)
- State service with the University
- Benefits including voluntary insurance plans.

Refer to the appropriate Collective Bargaining Agreement regarding possible effects of an approved leave of absence.

Leave of Absence Without Pay (LWOP)

Staff requesting LWOP for reasons not covered by FML are subject to approval by Dean/Director.

Faculty shall refer to Faculty Affairs for LWOP form and guidelines.

Refer to the appropriate Collective Bargaining Agreement regarding applicable provisions for Leaves of Absence Without Pay.

- The leave is designated to grant a full or partial leave of absence without pay for up to one (1) year. Leave of Absence will be granted for the following reasons:
 1. Loan of an employee to another governmental agency;
 2. Family leaves include childbirth, adoption or serious health condition of spouse, parent or child;
 3. Outside employment that would lessen the impact of a potential layoff;
 4. Temporary incapacity due to personal illness or injury, including pregnancy;
 5. Other satisfactory reasons, such as professional development
- The Leave of Absence Without Pay program shall apply to all eligible full-time, temporary, probationary and permanent staff employees and part-time employees who have permanent status.
- Requests must be submitted **30 days** prior to the intended effective date of the leave, however, the 30 day request period may be waived in emergency situations including conditions requiring Family and Medical Leave.
- **All** accumulated vacation, CTO, holiday credit and personal holiday time must be exhausted prior to the effective date of the leave.
- Upon request, employees may request to use up to five (5) days of sick leave for family care during any one (1) calendar year. The appropriate administrator may authorize an additional five (5) days of accrued sick leave credit for family care during one (1) calendar year. Partial LWOP will not require the exhaustion of leave.
- Requests for an extension of a LOAWOP must be submitted with **30 days** prior to return to work date and based on criteria as outlined. Requests for extensions beyond one (1) year are not normally approved.
- An employee on a LWOP for more than one full pay period may elect to continue his/her benefits at his/her own expense through the Direct Pay program by submitting payment directly to the plan carriers. The Direct Pay form and Plan rates can be obtained from the Human Resources Department.
- Employee shall complete the campus clearance procedure before entering a full-time leave of absence. Clearance procedure can be initiated by the employee's department office manager or Payroll division of Human Resources.

Refer to Leave of Absence Without Pay Practice Directive P415 to review all provisions. Where the provisions of the LWOP procedure are in conflict with the Collective Bargaining Agreements reached pursuant to Chapter 12 commencing with Section 3560 of Division 4 of Title 1 of the Government Code, the Collective Bargaining Agreements shall take precedence.

The California State University Systemwide Human Resources website: <http://www.calstate.edu/hr/employee-relations/>