



To be completed by Employee		
Employee's Name	Classification	Home Phone Number
Department		SFSU ID
Action to be taken: <input type="checkbox"/> New Request <input type="checkbox"/> Extension		
Type of Leaves: 1. Medical Leave (please check box below) 2. <input type="checkbox"/> Professional: _____ <input type="checkbox"/> Self <input type="checkbox"/> Care for ill parent/spouse/child 3. <input type="checkbox"/> Other (please specify): _____ <input type="checkbox"/> Pregnancy related <input type="checkbox"/> Care for newborn/adopted child: (Indicate Date of Birth/Placement _____)		
Last Day Physically Worked:	Effective Date:	Return to Work Date:
Time base for Leave Request: <input type="checkbox"/> Full <input type="checkbox"/> Partial. Please indicate percent of time base requested as leave: _____% (Please attach revised work schedule) <input type="checkbox"/> Extension of current leave of absence without pay. If extension of leave, please indicate dates: _____ to _____ Effective Date End Date		
<i>I understand that in order to proceed with a Leave of Absence Without Pay, all accumulated vacation and CTO time must be exhausted prior to the effective date of the full LOAWOP (Practice Directive P415.7)</i>		
Employee's Signature:	Campus Extension:	Date

To be completed by Department	
Endorsement of LOAWOP Request:	<input type="radio"/> Yes <input type="radio"/> No
Supervisor's Signature: _____	Date: _____
Print Name:	
Dean/Director Signature: _____	Date: _____
Print Name:	

To be completed by Human Resources, Safety & Risk Management	
Upon evaluation of your request for leave of absence without pay in context of established criteria, your request is	
<input checked="" type="radio"/> Approved <input type="radio"/> Denied	
If denied, reason:	

Authorized Approver, Human Resources, Safety & Risk Management	Date

For HRS&RM Use Only	
Benefits and Information Initiatives	Payroll Systems
<input checked="" type="radio"/> Date Received from EE: _____ From Dept: _____ <input checked="" type="radio"/> Date Provided to P.S.: _____ Rec'd From P.S.: _____	Sick _____ Vacation _____ CTO _____ PH _____ LOAWOP Effective Date: _____

Original: Employee
Cc: Employee's Department
Benefits & Disability Initiatives Unit
Personnel File



▪ **What is the Leave of Absence Without Pay program?**

The Leave of Absence Without Pay program (LOAWOP) is designed to grant a full or partial leave of absence without pay for up to one (1) year. Leaves of absence without pay may be granted for the following reasons:

1. Family leaves include childbirth, adoption or serious health condition of spouse, parent or child;
2. Temporary incapacity due to personal illness or injury, including pregnancy;
3. Loan of an employee to another governmental agency;
4. Outside employment that would lessen the impact of a potential layoff;
5. Other satisfactory reasons, such as professional development.

▪ **Am I Eligible To Apply For The Leave of Absence Without Pay Program?**

You are eligible to apply to the LOAWOP program if you are a full time, temporary, probationary or permanent staff employee or part-time employee with permanent status.

▪ **How Do I Apply For A LOAWOP?**

In order to commence eligibility for a LOAWOP, you must complete the Request for a Leave Of Absence without Pay form. Upon completion, you must forward the form to your supervisor and Dean/Director for approval. The granting of the LOAWOP shall be made by the Associate Vice President of Human Resources, Safety & Risk Management in compliance with established criteria outlined above and in Practice Directive 415.1.

If you have not done so, please schedule an appointment with the Disability Leaves Coordinator at in Human Resources at (415) 338-3627 to discuss and/or coordinate additional employee leave(s) and/or benefit options that may be available to you.

Requests for a LOAWOP must be submitted 30 days prior to the intended effective date of the leave. The 30 day request period may be waived in emergency situations including conditions requiring Family and Medical Leave.

▪ **What Happens To My Leave Credits If I Apply For A LOAWOP?**

All accumulated vacation and CTO time must be exhausted prior to the effective date of the LOAWOP. 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 LOAWOP will not require the exhaustion of leave.

▪ **Can I Extend My LOAWOP?**

Requests for an extension of a LOAWOP must be submitted in accordance with the procedures outlined in Practice Directive P415.5. Authorization for extensions is based on the criteria outlined in Practice Directive P415.1. Consideration of alternative work schedules including participation in the Reduced Work time program shall be made in reviewing requests for LOAWOP beyond one year and in cases of family and medical leave.

▪ **How Does A LOAWOP Affect My Employee Benefits (e.g., Health, Dental, Vision)?**

An employee on a LOAWOP 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. Information on the Direct Pay program can be obtained by contacting the Benefits & Disability Initiatives Unit in Human Resources at (415) 338-1875. Employees on a partial leave of absence who maintain an active timebase of .50 or greater will remain enrolled in their CSU sponsored benefits plans.

▪ **Do I Need To Go Through The Campus Clearance Procedure?**

Human Resources, Safety & Risk Management will initiate a partial clearance for all approved full LOAWOP requests.

▪ **How Can I Find Out More Information About LOAWOP?**

Please visit the SFSU Human Resources website at: http://www.sfsu.edu/~hrwww/emp_relations/hr_Directives/P415.html or call the Disability Leaves Coordinator at (415) 338-3627.

▪ **Am I Eligible for Family Medical Leave?**

Under federal Family and Medical Leave (FML), the California Family Rights Act (CFRA) and CSU policy, employees with at least 12 months of service are eligible for a leave of up to 12 weeks in a 12-month period. For additional information about the program, consult the Human Resources website at: <http://www.sfsu.edu/~hrwww/benefits/leavebenefits.html#c> or contact the Disability Resources Coordinator at (415) 338-3627.

▪ **Am I Eligible for the Catastrophic Leave Program?**

An employee who has a catastrophic illness or injury and has exhausted all accumulated leave credits may apply to the program and receive up to six (6) months of pay. The CLDP program also allows participation in the program if an employee needs to be absent from work due to a catastrophic illness or injury of an immediate family member. For additional information about the program, consult the Human Resources Practice Directive P413 on the Human Resources website at: http://www.sfsu.edu/~hrwww/emp_relations/hr_Directives/P413.html or contact the Disability Leaves Coordinator at (415) 338-3627.