

Business Process Guide for Leave Absence Request (DocuSign):

SF State has a variety of paid and unpaid leaves of absence for employees. If you need to take a leave of absence and have additional questions, please consult Human Resources Leave Coordinator, [Human Resources - Leave Programs](#).

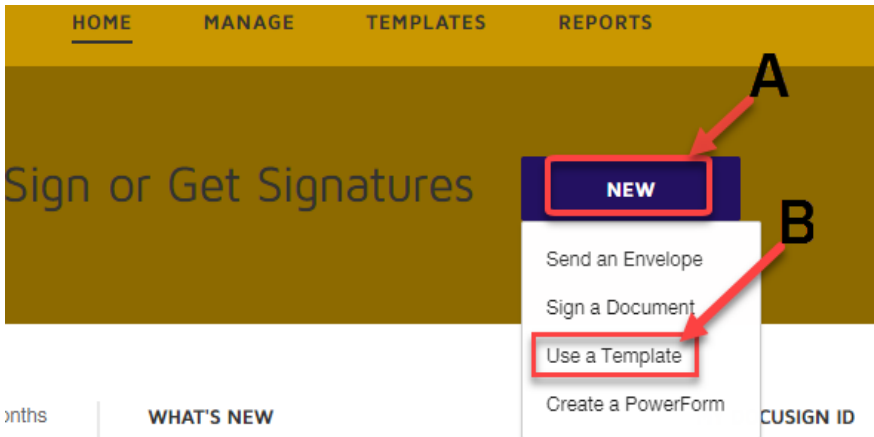
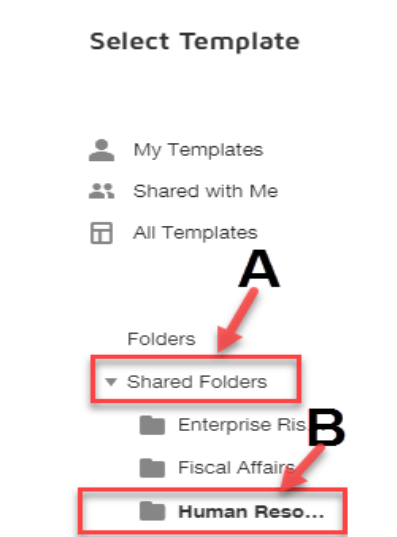
Leave Requests Procedures

An employee should provide at least a 30-day notice to the campus before commencement of any paid or unpaid leave; however, if the leave must begin in less than 30 days, the employee must provide as much notice as possible. An employee should complete a Leave of Absence Request Form. After all department signatures are acquired, the form is submitted to Human Resources Management for approval. Employees are advised to meet with Leave Coordinator prior to taking a medical/disability leave, and physician certification of disability is required.

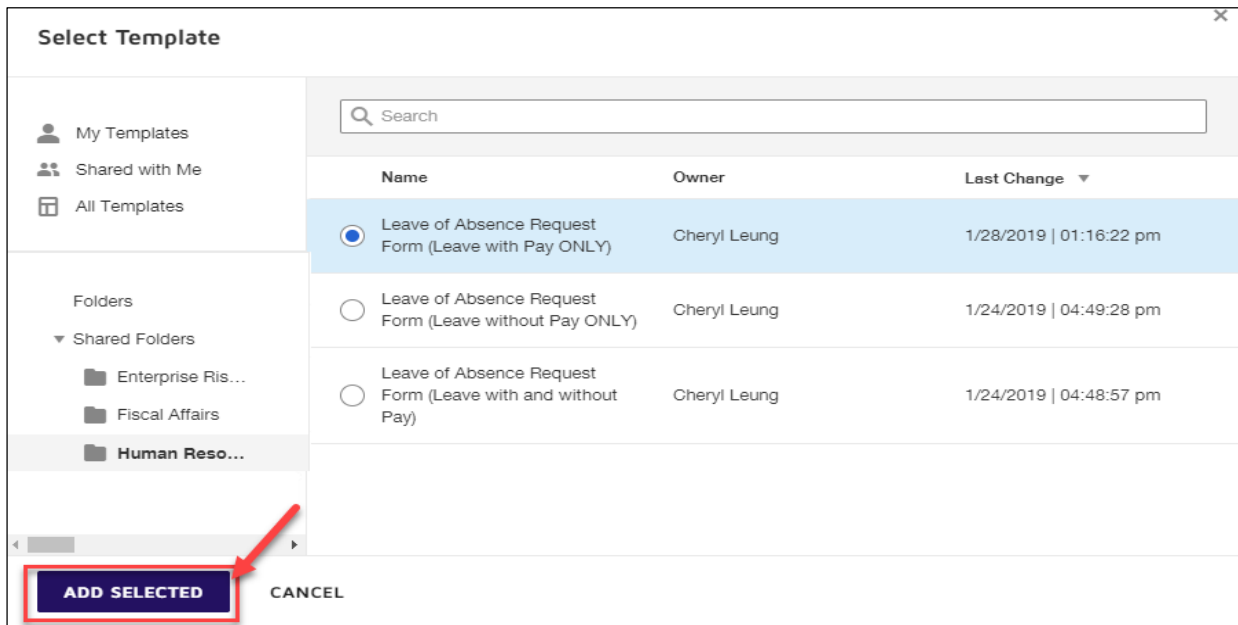
Faculty Members who wish to take a non-medical related Personal or Professional Leave of Absence, please consult [Faculty Affairs](#) at (415) 338-2204

Employee/Staff Leave of Absence Request

1. From the SF State’s DocuSign home page, [Log into DocuSign](#)
2. Select **New → Use Template → Shared Folders → Human Resources**

Step 1	Step 2
	

3. Please select the form that pretends to the type of medical leave. If you have any questions, please consult the SF State Leave Coordinator. Search and Select either:
 - a. Leave with Pay - **Leave of Absence Request Form (Leave with Pay ONLY)**
 - b. Leave Without Pay (LWOP) - **Leave of Absence Request Form (Leave without Pay ONLY)**
 - c. Leave without Pay concurrent with Family Medical Leave- **Leave of Absence Request Form (Leave with and without Pay)**
4. Once select the correct form, click, **ADD Selected**



5. A prompt requesting the requestor to identify the Employee, Immediate Supervisor and the administrator will display.
 - a. Employee – Individual requesting the leave. (If you are filling this form on behalf of another employee, the employee name and email should correspond to the employee requesting the leave)
 - b. Immediate Supervisor – Employee’s supervisor
 - c. Appropriate Administrator – Director, Manager, Dean. (Please consult your department Human Resources Liaison in order to determine the appropriate department administrator)
 - d. Click **SEND**
 - e. Select
 - i. **SIGN NOW:** Fill your leave request form
 - ii. **SIGN LATER:** Fill your leave request form later.
6. If this is your first time utilizing DocuSign, you will be prompted to accept the use of electronic records as shown below.
 - a. On the page titled, **Please Review & Act on These Documents**, click:

i. On the check box labeled, **I agree to use electronic records and signatures.**

ii. **Continue**



Filling the Form

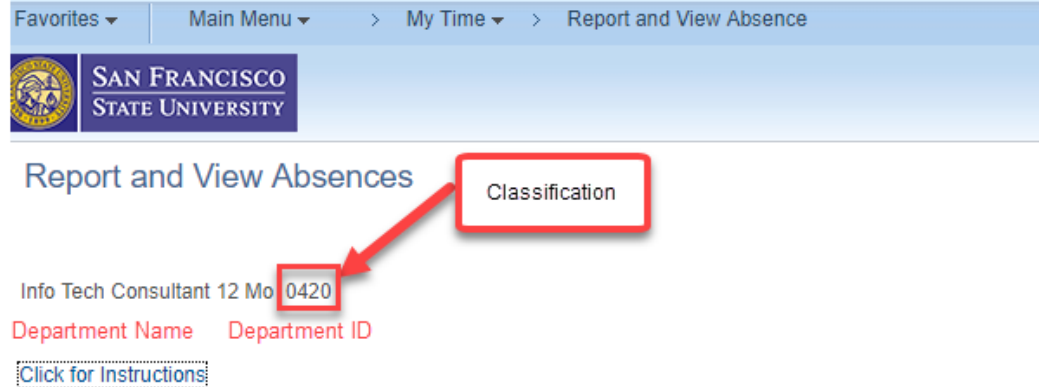
PLEASE NOTE: The options available for your selection will differ based on the Leave Request Form you selected earlier.

7. Please complete the section highlighted in Red. For insight on the appropriate content, place your cursor on each field, a suggestion box will display.

A. Employee Information:

- **Personal Information:** Name, SFSU ID, Personal Phone, Home Address, Personal Email Address, Emergency Contact Name & Phone Number, Campus Phone Number (if applicable)
- **Employment Information:** Department, Classification (Enter your Department ID and your classification. Please consult Your Report and View Absence self-service page by navigating to: **SF State Gateway** → **Employee Services** → **HR Self Service** → **My Time** → **Report and View Absence**

(You may also obtain the information by contacting departments Human Resources Liaison)



B. Reasons for Leave (required)

- Select the reason you are requesting the leave.
(**Please Submit:** medical certification directly to Human Resources Leave Coordinator, consult [Human Resources - Leave Programs.](#))
- You may only select 1 option. The Leave without Pay option is only visible for employees who selected the Leave Without Pay form.

C. Period of Absence

Please select from the options provided the duration of your absence

- **Full (continuous):- You will not return to work prior to the date indicated as your Return to Work Date**

- Intermittent: - (you will have an adjusted work schedule)
 . Please indicate your:
 - Intermittent /Start Date:- begin date of your altered schedule
 - Intermittent /End Date :- end date for your altered schedule
 - Anticipated Schedule (List estimated frequency/duration):- How often and how many hours would you available to work.
- Partial Leave/Reduced Schedule
 - Leave/Reduction Start Date:- begin date of your reduced schedule
 - Leave/Reduction End Date:- end date for your reduced schedule
 - Anticipated Schedule: (if known, determine by physician):- How often and how many hours would you available to work as determined by your doctor
- Leave Without Pay (LWOP): - unlike Full (continuous) leave, by selecting this option, your take home pay will be suspended between Leave Start Date and Leave End Date.

D. Time Usage (Paid and/or Unpaid) (Please select one option)

- Paid: - by selecting this option, please indicate from which banked time (Sick, Vacation, Personal Holiday etc. you plan to use to cover the duration of your absence.
- Unpaid: - Please note, the Human Resources AVP is required to approve unpaid leave unless the requested time off occurs after a requested Family Medical Leave.

E. Employee Signature

- Click **Sign** to sign this form using your electronic signature

- F. Review the form and from the top right hand corner of the page, click **FINISH**



Your form will be submitted to the supervisor designated as **Immediate Supervisor**

2. Once the Dock Notice is **FINSHED**, all parties in the routing and Human Resources Leave Coordinator will receive a copy of completed form via email.
3. For questions regarding DocuSign, please go to the DocuSign@SF State website.