



Leave of Absence Request

INSTRUCTIONS:

1. Review [Leave of Absence Resource Guide](#).
2. Complete request and submit to supervisor and appropriate administrator. For advice on leaves, contact the HR Benefits Coordinator.
3. **All medical certifications should be directly forwarded to Human Resources. But do not attach to this request.**
4. Forward to Human Resources for eligibility/entitlement determination.

Employee Information

Name	Classification	Bargaining Unit
Address:		Department
City, State Zip:	Supervisor/Manager:	Extension
Home Phone:	Work Extension:	FML: Have you been employed with Cal Maritime for more than 12 mos.? <input type="checkbox"/> Yes <input type="checkbox"/> No • If NO, do you have any <u>prior</u> employment with another CSU or State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No • If YES, please indicate the CSU campus/State of California agency and the approximate length of service:
Current Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: Time base _____ <input type="checkbox"/> Probationary <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (Appt. Expires: _____)		

Reason(s) for Leave: (Check and complete all that apply)

- * **Medical certification required**
- Family Medical Leave* (Additional paperwork required)
 - Medical - Non-Industrial* (Additional paperwork required)
 - Maternity/Paternity/Adoption: (Additional paperwork required)
 - Military Leave: (Attach copy of orders)
 - Educational
 - Personal/Other (state nature): _____

Note: Additional information/correspondence regarding the nature of the leave may be attached to the request.

Leave of Absence Requested

- Full Intermittent (FML only)
- Partial Leave from _____ hrs/wk TO _____ hrs/wk
- Last day physically worked (if applicable): _____
- Leave effective date: _____ Leave end date: _____
- Return to work date (if applicable): _____ Tentative
- FML Intermittent Period: _____ to _____

Employee Leave of Absence Certification

My signature below certifies that the information relevant to this application for leave is accurate and truthful. I also understand that any misrepresentation on my part may be cause for denial or rescission of the leave.

Employee Signature

Date

FMLA Eligibility/Entitlement Determination

Based upon the information provided in this leave request and supporting documentation provided to Human Resources, it is hereby determined by the Leave Coordinator that this leave is:

- Entitlement: Own illness Eligible dependent under FMLA guidelines
 ___HR is in receipt of an approved HealthCare Provider Certification

 ___Pending HealthCare Provider Certification, therefore, employee has been PROVISIONALLY placed on FML.

Not an entitlement: Approval or denial of leave request must be made by appropriate administrator and the Assistant Vice President of Human Resources based on operational needs of the Department/University. Dates of Requested Leave: _____

Human Resources Benefits Coordinator

Date

Review and Recommendations

Supervisor/Administrator Mandated Approved Denied

Supervisor _____ Date: _____

Date: _____

Director, Human Resources

Signature

Date

Employee Responsibility

- To keep appropriate supervisor/manager/administrator and Human Resources informed of leave status.
- All medical certifications must be submitted to Human Resources.
- If employee is on a medical leave, release to return to work must be submitted to Human Resources prior to reporting to work.

Leaves Information

- An informal leave of absence that is not applicable under FMLA guidelines may be granted at the departmental level, if the leave is for 15 calendar days or less. Payroll must be notified of informal leave without pay as soon as possible.
- Any leave longer than 15 calendar days must be authorized by Human Resources. The **Leave of Absence Request** form must be completed.
- ALL Family Medical Leave (FML) eligible requests must be processed on a **Leave of Absence Request** form, regardless of the length of the leave.
- When applying for FML, a signed **FMLA Notice and Request** form must be received in Human Resources with your completed **Leave of Absence Request** form. The **Health Care Provider's Certification** must be provided to Human Resources within 15 days from the date the **provisional FML** (effective date of leave) was approved.

CSU Family Medical Leave (FML)

You may be eligible for the CSU Family Medical Leave 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:

- You are unable to perform the essential functions of your own job because of your own serious health condition; or
- To care for your child after birth, or placement for adoption or foster care; or
- To care for your spouse, son or daughter, or parent, who has a serious health condition.

In addition, Family Medical Leave will be tracked with Non-Industrial Disability Insurance (NDI) and Industrial Disability Insurance (IDL); for all units except APC Unit 4 per Collective Bargaining Agreement. For additional information please read the FML information provided on the Human Resources Website. Leaves for FML purposes, paid or unpaid, will be counted toward the 12-week FML entitlement. **[A Health Provider Certification must be provided to Human Resources in order to determine eligibility.](#)**

Effects of a Leave of Absence

The Leave of Absence may affect:

- required probationary period
- salary bonus programs
- 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

Refer to the appropriate Collective Bargaining Agreement (CBA) regarding possible effects of an approved leave of absences.