

Request for Leave of Absence Form

SUBMIT COMPLETED FORM TO HUMAN RESOURCES AT LEAST 30 DAYS IN ADVANCE IF THE LEAVE IS FORESEEABLE, OR AS SOON AS POSSIBLE

EMPLOYEE INFORMATION			
Employee Name (First, Last, Middle Initial)		Employee ID #	
Address While on Leave	City	State	Zip
Job Title/ Department	Telephone Number <input type="checkbox"/> HOME <input type="checkbox"/> CELL		
Status (check one) <input type="checkbox"/> Administrative <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Last Day worked:		
Requested start date of leave:	Anticipated return date:		

REASON(S) FOR LEAVE (ATTACH SUPPORTING DOCUMENTATION, OR PROVIDE WITHIN 15 DAYS OF LEAVE REQUEST)

Pregnancy (check all that apply)

Disabled due to pregnancy - (Estimated Due Date: _____)

Request leave to bond with newborn child immediately following pregnancy disability period

Medical (check all that apply)

Unable to work due to own serious health condition - Employees Own Serious Health Condition (**not work related**)*

Intermittent medical leave or a reduced leave schedule, due to own serious health condition

*** For leaves due to your own or a Family Member's Serious Health Condition, a Medical Certification form is required.**

A completed Medical Certification form is attached.

I will submit a Medical Certification form within 30 days.

Family (check all that apply)

Bonding with newborn child (Estimated Due Date: _____ or Date of Birth _____)

Adoption, placement, or Foster Care (with employee) Date of placement/adoption: _____)

Care for spouse, child, parent, or registered domestic partner with a serious health condition.

Intermittent family leave or a reduced schedule to care for a seriously ill family member.

Other

Personal Leave (Non-Medical Reason)

Military Leave: Active Duty, Military Caregiver or FML

Jury Duty (attach copy of summons)

Other Medical Leave (e.g., leave for extended family members or when employee is ineligible for other leaves)

Workplace Injury / Worker's Compensation

VACATION AUTHORIZATION (STAFF & ADMINISTRATIVE EMPLOYEES ONLY)

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave). Paid leave may be used in accordance with applicable policy/University policy. Not all leaves are available to all employees. I request to use the following leave categories:

Type	Number of Hours	Dates: From	Through
Vacation	_____	_____	_____
Sick Leave	_____	_____	_____
Leave w/o Pay	_____	_____	_____

- I will apply for State Disability Benefits Insurance (STDI), coordinate my sick hours accordingly.
- I authorize "catch-up" benefit deductions in the event of an unpaid Leave, OR
- I DO NOT authorize "catch-up" benefit deductions in the event of an unpaid Leave, and will make arrangements to pay benefit deductions with either a manual check or accrued Vacation days

Employee Signature:	Date:
<i>I certify that the information provided above is correct. I understand the terms and conditions of this leave.</i>	

HR Use Only

FMLA/CFRA FMLA/PDL PDL Only Non FMLA Paid LOA Unpaid LOA SDI STDI

DOH: _____ Salary Continuation End (faculty) : _____