Request for Leave of Absence Form

Submit completed form to leaves@chapman.edu 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

_____ ____ HOME   ____CELL

Status (check one):

____ Administrative   ____Faculty   ____ Staff

Last Day worked:

_____

Requested start date of leave:

_____

Anticipated return date:

_____

REASON(S) FOR LEAVE (*ATTACH SUPPORTING DOCUMENTATION, OR PROVIDE WITHIN 30 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

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
____ Other Medical Leave (e.g., leave for extended family members or when employee is ineligible for other leaves)
____ Workplace Injury / Worker's Compensation

ADDITIONAL INFORMATION

I will apply for State Disability/Paid Family Leave benefits: ____Yes ____No
I would like to use my Vacation if my Sick accruals exhaust during the leave (Staff and Admin. only): ____Yes ____No
I authorize "catch up" deductions for benefits in the event of an unpaid leave: ____Yes ____No
I DO NOT authorize "catch up" deductions for benefits, and will pay premiums by manual check or accruals: ____Yes ____No

Employee Signature

Date

*Please note, requests for leave of absence can take up to five business days to process. Your request will not be approved until you provide the necessary certification. Certification is due **NO LATER THAN 30 DAYS** after your first day missed due to the leave. Your leave request may be denied or partially denied if you do not submit certification within 30 days of your first day missed due to the leave.*