



California State University, Fresno

Personal Leave Application

Applicable Policies:

- CBA:** Article 13 Probation and Tenure (see 13.6 – 13.8)
 Article 22 Leaves of Absence without Pay (Personal or Professional)
 Article 23 Leaves of Absence with Pay (Pregnancy/Birth/Adoption, Military Leave)
 Article 24 Sick Leave

Campus Policy: Policy on Faculty Leaves of Absence (APM 361-1)

1. **Name:** _____ **Date:** _____
2. **College/School & Department:** _____
3. **Address:** _____
- _____

4. **What is the purpose of the leave?** Pregnancy/Birth/Adoption Sick Leave Family Care
 Personal business (leave without pay) Other _____
5. **Is this a request for extension or renewal of a previous leave?** Yes No
If yes, type of leave? Sabbatical/DIP Sick Leave Family Care Pregnancy/Birth/Adoption
 Personal business (leave without pay) Professional Leave without Pay Other _____
6. **Do you wish to have your benefits to continue in force during your leave?** Yes No
 (Note, in some cases this may require the employee to pay benefits costs directly)
7. **Current Rank:** Lecturer Probationary Tenured
8. **Current Timebase:** Full Time Part Time
9. **Timebase of Requested Leave:**
 Full Time (100% Leave) Part Time (< 100% Leave, work part time, leave part time)
 If Part Time leave, what will be your Units (Fraction) Working: _____ Units (Fraction) on Leave: _____
10. **Requested Duration of the Leave:**
 Academic Year _____ Fall _____ Spring _____ Other (specify dates) _____

PLEASE FILL OUT THE FOLLOWING SECTION IF THE REQUESTED LEAVE IS FOR PREGNANCY/BIRTH/ADOPTION, FAMILY CARE, OR MILITARY SERVICE:

11. Is this leave for the purpose of military service? Yes¹ No
12. Is this leave for the purpose of family care? Yes^{2,3} No
13. Is this leave for pregnancy, birth, or adoption? Yes² No
14. Is this leave for medical reasons? Yes^{2,3} No
15. If the answer to Question 12, 13, and/or 14 is yes, do you wish to use paid sick leave? Yes^{2,3} No
16. If the leave is for pregnancy, birth or adoption, do you want your “tenure clock” to stop? Yes No

1. Please attach copies of Military Orders-
 2. You may be eligible for FMLA benefits.
 3. Certification from the health care provider of the serious health care condition is required.

PLEASE READ AND COMPLETE THE REVERSE SIDE

PURPOSE OF PERSONAL LEAVE WITHOUT PAY

A Personal Leave Without Pay may be for purposes of unpaid sick leave, outside employment, maternity/paternity, family care leave, or other purposes of a personal nature.

SERVICE CREDIT DURING LEAVE WITHOUT PAY

A faculty member does not accrue service credit toward probation, sabbatical eligibility, merit salary adjustment eligibility, or seniority during a personal (non-medical) leave without pay. Under the CBA, family care or medical leave shall not constitute a break in service for purposes of length of service and/or seniority. Faculty members who use Pregnancy/Birth/Adoption leave may opt to stop the "tenure clock" for a year as a consequence of the leave. Service credit toward retirement (PERS) does not accrue during an unpaid leave.

USE OF LEAVE CREDITS AND BENEFITS

The Payroll Office will begin applying leave credits beginning on the first day of leave. Available leave credits will be used in the following order: (1) sick leave; (2) holiday credit; (3) vacation; (4) donated catastrophic leave. Pregnancy/Birth/Adoption leave will be incorporated as appropriate.

HEALTH AND OTHER BENEFITS COVERAGE

In order to continue benefits coverage while on leave without pay, arrangements should be made with the University Benefits Officer to continue payments for health insurance, life insurance, organizational dues and other payroll deductions. A leave without pay also has an impact on retirement calculations. Please check with the Benefits Officer.

NOTIFICATION OF RETURN

An individual on Personal Leave shall notify the appropriate administrator no later than **April 1** of his/her intention to return to duty at the beginning of the academic year or no later than **October 1** of his/her intention to return to duty at the beginning of the spring term.

I understand all the terms and conditions of this leave. By my signature, I agree to adhere to the terms and conditions of the leave as noted in the CBA as well as the campus Policy on Faculty Leaves of Absence (APM 361-1). My signature also authorizes the Payroll Office to apply my leave credits and/or benefits without requiring me or my department to submit further paperwork, such as monthly attendance summaries. Finally, I attest to the truthfulness and accuracy of my application, including any attachments or documents submitted by me as part of my application.

If the requested leave is approved, I understand that this application, including a copy of the leave proposal and all attachments, if any, will be placed in my Open Personnel File five (5) days after the date of final approval.

Signature of Applicant Date

RECOMMENDATIONS:

Yes No _____
Department Chair Date

Yes No _____
Dean Date

Yes No _____
Academic Personnel Date

APPROVAL:

Yes No _____
Provost and Vice President for Academic Affairs Date

Submit one copy of this form to your Department Chair. Provost's decision will be mailed to Applicant at the address provided on this form, with copies to Department Chair, Dean, and University Benefits.

APS Use Only

Benefits: _____; PS: _____; Ltr: _____ Notes: _____