

**California State University, Fresno  
Employment & Recruitment  
Instructions for Completing the  
Request for Leave of Absence Form**

Full-time or part-time employees may be granted full or partial leaves of absence with and without pay depending on the circumstances and duration of the leave request. There are several types of leave of absences that can be granted to employees depending on the circumstances of the leave and the appropriate collective bargaining unit of the employee.

Employees who are in need of an extended leave from the university that cannot be granted under the provisions of a vacation should complete the Request for Leave of Absence Form. The form should be submitted to the employee's appropriate administrator. If the request is for a leave of absence without pay for 5 days or less, the appropriate administrator can approve the leave. Requests need to be supported by the employee's dean or department manager and approved by the Director of Human Resources, for consistency with the collective bargaining agreement requirements.

An employee will be required to use any leave credits that are appropriate to the requested type of leave prior to the effective date of an leave of absence without pay. Approved leaves of absence guarantee employees the right to return to their former timebase and classification. Most insurance plans may be continued at the employee's expense during the period of the approved leave of absence via direct payment of premiums arranged through the Benefits Department. The employee's collective bargaining agreement and the type of leave approved would determine if service credit is granted during the leave. The employee will not accrue sick leave or vacation credits during a leave of absence without pay.

**EMPLOYEE INFORMATION**

<b>Field Name</b>	<b>What Contents Should Be</b>
Employee Name	Name of employee requesting leave of absence
Fresno State ID #	Employee ID number
Mailing Address	Current mailing address of employee requesting the leave of absence
Classification	Classification of the employee requesting the leave of absence
Department	Department in which the employee requesting the leave of absence currently works
Mail Stop	Both building letter and number of the mail stop for the employee requesting the leave of absence
Proposed Start Date	First day in which the employee which no longer be working or begin a modified work day
Proposed Return Date	First day the employee will begin working a regular schedule

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**TYPE OF LEAVE**

<b>Field Name</b>	<b>What Contents Should Be</b>
Paid Leave	Check if you are requesting a paid leave of absence (leave would be covered by your existing leave credits)
Unpaid Leave	Check if you are requesting an unpaid leave of absence (leave would be without compensation)
Combination of paid and unpaid	Check if you are requesting a leave of absence that would be a combination of paid and unpaid (either you are requesting a partial leave of absence or you are going to be using leave credits that will be exhausted prior to you returned to your position on a regular basis)
Full Time	Check if leave will be full time
Partial	Check if leave will be a partial leave
Proposed Time Base	If leave requested is partial, indicate the amount of time each week employee will be working (example 20 hrs = .50)

**PURPOSE OF LEAVE REQUEST**

<b>Field Name</b>	<b>What Contents Should Be</b>
Maternity / Paternity	Check if leave is for maternity or paternity purposes
Military	Check if leave is due to military orders ( <i>Military orders must be attached to Request for Leave of Absence Form</i> )
Professional Development / Educational	Check if leave is directly related to a professional development or educational opportunity. ( <i>A brief explanation of development plan and projected outcomes must be attached to the Request for Leave of Absence.</i> )
Medical	Check if leave of absence request is due to a medical reason
Self	Check if leave of absence request is due to the medical condition of the employee
Family	Check if leave of absence request is due to the medical condition of another person (other than the employee)
Relationship	Indicate the relationship of the employee and the individual with the medical condition for whom the leave is requested.
Other	Check if not covered by one of the previous options
Reason for Leave	Provide the reason for the requested leave of absence if none of the above options apply

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**LEAVE ACCURAL STATUS**

<b>Field Name</b>	<b>What Contents Should Be</b>
I have exhausted my sick leave credits	Check Yes if all sick leave credits have been exhausted. Check No if all sick leave credits have not been exhausted.
Date anticipated that sick leave credits will be exhausted	Enter date when you expect your sick leave credits to be exhausted.
I have exhausted my vacation credits	Check Yes if all vacation credits have been exhausted. Check No if all vacation credits have not been exhausted.
Date anticipated that vacation credits will be exhausted	Enter date when you expect your vacation credits to be exhausted.
I have exhausted my CTO credits	Check Yes if all CTO credits have been exhausted. Check No if all CTO credits have not been exhausted.
Date anticipated that CTO credits will be exhausted	Enter date when you expect your CTO credits to be exhausted.

**SUPPORT AND APPROVALS**

<b>Field Name</b>	<b>What Contents Should Be</b>
Employee Signature	Employee must sign and date the form
Department Chair/Manager	The employee's Department Chair or Manager must sign the form and then forward to Dean or Department Manager if appropriate.
Dean or Department Manager	The employee's Dean or Department Manager must sign and date the form. If the Dean or Department Manager does not concur with the request, a memo documenting the reasons for non-concurrence should be attached before forwarding the form to Employment and Benefits Services.
Director of Human Resources	The employee will be informed as to the approval or non-approval of the request by the Director of Human Resources.