

**CALIFORNIA STATE UNIVERSITY, FRESNO**  
**Request for Leave of Absence for Employee (STAFF and MPP)**

PLEASE RETURN TO: Human Resources, 5150  
 N. Maple Ave., Room 164, Mail Stop JA71,  
 Fresno, CA 93740-8026 (559) 278-2032

- ❖ Complete this form for all leave of absence requests **exceeding 5 working days** (except for vacation requests).
- ❖ The request for leave of absence must be reviewed and signed off by the appropriate administrators/managers as determined by the employee's organization. Final approval of any leave of absence is from the Director of Human Resources. Requests should be submitted at least 30 days prior to effective date (if circumstances prevent 30 days advance notice, the employee should inform the campus within 5 days of learning of the need for a leave). **Provide medical certification when a medical leave is requested.**

Employee Name _____	Fresno State ID# _____
Home Address/City/State/Zip _____	Bargaining Unit _____
Home Phone _____	Department & Ext. _____
Proposed Start Date _____	Supervisor & Ext. _____
Proposed Return/End Date _____	Approved Start Date _____
	Approved Return/End Date _____

**TYPE OF LEAVE REQUEST**     INITIAL REQUEST     EXTENSION

<input type="checkbox"/> Paid	<input type="checkbox"/> Combination of paid and unpaid	<input type="checkbox"/> Unpaid
<input type="checkbox"/> Full-time: _____	<input type="checkbox"/> Partial leave from _____ hrs. wk. to _____ hrs. wk.	<input type="checkbox"/> Intermittent: _____

<b>LEAVE REQUEST (Requires Additional Documentation)</b>	<b>LEAVE REQUEST</b>
<input type="checkbox"/> <b>Pregnancy Disability Leave</b> <input type="checkbox"/> <b>Maternity Leave</b> (Per CBA)	<b>Below Requested Leaves Require a Recommendation of Appropriate Manager(s) &amp; Approval of Director of HR.</b>
<input type="checkbox"/> <b>Paternity/Adoption/(Foster Care)</b> (Per CBA)	<input type="checkbox"/> <b>Catastrophic Leave Donation Program</b> (Must exhaust ALL eligible leave accruals).
<input type="checkbox"/> <b>Family &amp; Medical Leave Act (FMLA)</b> Employee will be placed on a PROVISIONAL FMLA for 15 days pending <i>Medical Certification</i> <input type="checkbox"/> Self <input type="checkbox"/> Birth of Child <input type="checkbox"/> Family _____ <small>(As defined under FMLA)</small>	<input type="checkbox"/> <b>Professional Development/ Educational</b> <small>(Attach brief explanation of development plan and projected outcomes)</small>
<input type="checkbox"/> <b>NonIndustrial Disability Insurance</b> (Benefit based on CBA)	<input type="checkbox"/> <b>Personal Leave: Reason</b> _____ <small>(Attach a brief explanation for leave request)</small>
<input type="checkbox"/> <b>Other Leave:</b> _____ <small>(Attach required documents)</small>	

**LEAVE ACCRUAL STATUS: PLEASE READ AND INITIAL**

During my leave of absence, I understand that I am responsible for ensuring that my usage of accruals are **posted on Absence Management each week that I am off work**. Failure to report my usage of accruals may affect my monthly pay. In addition, each month I will submit a copy of my attendance to Human Resources. **Initials:** \_\_\_\_\_

Important: During a Leave of Absence, the Collective Bargaining Agreement (CBA), if applicable, CSU, Federal, & State Leave Programs/Policies will determine usage of requested accruals.

Request to use the following leave credits			Applying for CATASTROPHIC Leave Donation		
Yes	No		Yes	I will exhaust all of my available accruals.	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Sick Leave Accruals</b>	<input type="checkbox"/>	<b>Sick Leave Accruals</b>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Vacation Accruals</b> <input type="checkbox"/> Must exhaust before placed on unpaid FMLA PER CBA. <input type="checkbox"/> Requested LOA requires approval of appropriate Admin. * _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/>	<b>Vacation Accruals</b> <input type="checkbox"/> Must exhaust before placed on unpaid FMLA PER CBA. <input type="checkbox"/> Requested LOA requires approval of appropriate Admin. * _____ <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A <b>CTO/HC credits</b>	<input type="checkbox"/>	<input type="checkbox"/> N/A	<b>CTO/HC credits</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Used—N/A <b>Personal Holiday</b>	<input type="checkbox"/>	<input type="checkbox"/> Used—N/A	<b>Personal Holiday</b>

- ✓ If leave of absence is approved my compensation will be determined by the type of leave. If a partial leave of absence is approved, I will receive the appropriate percentage of my reduced time base pay. If leave is approved with usage of my leave credits, credits will be used until exhausted. After applicable leave credits are exhausted, no compensation will be paid. If leave of absence is due to personal reasons, I cannot return before my approved return date without written approval from Human Resources.
- ✓ My health benefits, service credit and leave credits may be affected by this action (contact Human Resources and Payroll Services for more details).
- ✓ **If I am on a full or partial medical leave, prior to reporting to work, I must provide Human Resources with a medical release from my doctor.**
- ✓ My status with the university can be affected depending on my collective bargaining agreement, the length of the approved leave, and the type of leave (contact Human Resources for more details).

I understand and agree the above leave information.	<b>If Employee Requested: Cat Leave, Professional and Personal leave requests require recommendations.</b>
Employee Signature _____ Date _____	
Department Chair/ Manager _____ Date _____	
Dean or Department Manager _____ Date _____	
Director of Human Resources _____ Date _____	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended
	<input type="checkbox"/> Recommend <input type="checkbox"/> Not Recommended
	<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Benefits Manager _____	<input type="checkbox"/> Process & Form reviewed with Employee <input type="checkbox"/> Approved Certification Received	HR Use Only: Copyt: Employee _____ Payroll _____ Dept.: _____
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## Employee's 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, a medical release must be submitted to Human Resources prior to reporting to work.
- Eligibility for leave programs will be determined by Human Resources based on the employee's collective bargaining agreement or non-bargaining unit status.

## Leaves Information

- **INFORMAL LEAVE:** Approved informed leave of absence without pay may be granted for a period not to exceed 10 working days with approval. Payroll must be notified of informal leave without pay as soon as possible.

Any unpaid leave longer than 10 work days must be authorized by Human Resources. The **Staff and MPP Request for Leave of Absence** form must be completed with the Leave Coordinator.

- ALL Family Medical Leave (FML) eligible requests must be processed on a **Staff and MPP Request for Leave of Absence** form, regardless of the length of the leave.

## 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. The Family Medical Leave Act provides 12 weeks of unpaid leave during a 12 month period for a qualifying event. FMLA runs concurrently with CFRA. Qualifying events are classified as the following:

- 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".

When applying for FML, a signed **FMLA Notice and Request** form must be received in Human Resources with your completed **Staff and MPP Request for Leave of Absence** form. The **Certification of Health Care Provider** form must be provided to Human Resources within 15 days from the date the provisional FML (effective FMLA date of leave) was approved. Please schedule an appointment with Human Resources (559) 278-2032.

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 Certification of Health Care Provider must be provided to Human Resources in order to determine eligibility.**

### Expansion of the Family Medical Leave Act

Recently, Governor Schwarzenegger signed Assembly Bill (AB) 392 (Chapter 361), requiring employers to grant an unpaid leave of absence of up to ten (10) days to an employee who works at least an average of twenty (20) hours per week and also is the spouse or registered domestic partner of a qualified member of the military on leave from deployment. AB 392 is effective immediately, and is applicable to the California State University (CSU).

**Grant unpaid Military Spouse/Domestic Partner Leave:** On January 28, 2008, President Bush signed the National Defense Authorization Act (HR 4986), which implemented the expansion of Family Medical Leave Act (FMLA) provisions to employees with family members in the military. This law is effective immediately, and implements two (2) new types of FMLA leave: **Leave to care for wounded service member:** Eligible employees may take up to 26 weeks of leave to care for spouses, children, parents or next kin who are service members with serious illnesses or injuries that were incurred during active duty in the Armed Forces. **Leave related to active duty or call to duty:** Eligible employees may take up to 12 weeks of FMLA leave in a 12 month period to deal with any "qualifying exigency" that arises from a spouse's, child's or parent's active duty in the Armed Forces, including an order or call to duty.

## 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 affects of an approved leave of absences.