



INSTRUCTIONS: Please complete request and submit to supervisor and appropriate administrator. For information on leaves, please contact the Department of Human Resources: (707)654-1146.

SECTION A: TO BE COMPLETED BY EMPLOYEE (PLEASE PRINT OR TYPE)

Form section for employee completion including fields for Date of Request, Department, Classification, Employee ID, Name, Phone Number, Address, Leave of Absence Request type, Work Schedule, Leave Begin/End Dates, Last Day Physically Worked, and Expected Return to Work Date.

REASON FOR LEAVE REQUEST

Medical certification/supporting documentation for leave must be submitted directly to the Department of Human Resources.

FAMILY MEDICAL LEAVE OF ABSENCE – FML

- Checkboxes for: Serious Medical Condition of Employee, Serious Medical Condition of Family Member (with relationship field), Employee's Pregnancy, Adoption, Placement of Foster Child with Employee, Parental.

OTHER LEAVES

- Checkboxes for: Military Leave, Education Leave, Personal Leave (Please Explain):

Text box for explanation of Personal Leave.

Check Yes or No for Non-Industrial Disability (NDI) – See NDI Section on the back of this form

- Yes/No checkboxes for NDI.

I certify that all the facts are true and correct to the best of my knowledge. If my request for a leave of absence is approved, I understand that I must abide by all the terms and conditions of my leave of absence. If I am unable to return to work on the specified date, I am to notify the Department of Human Resources of the change. Failure to notify the Department of Human Resources may result in my being absent without authorization.

Employee Signature _____

Date _____

SECTION B: TO BE COMPLETED BY AUTHORIZED ADMINISTRATOR

Form section for administrator completion including fields for Department Administrator Name, Signature, Date, Reason for Denial and Recommendation, and Approved checkboxes.

Submit Leave of Absence Request for to the Department of Human Resources

SECTION C: TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES

Form section for HR representative completion including fields for Authorized HR Representative, Signature, Date, and Approved checkboxes.

Leave of Absence Information

CSU Family Medical Leave:

Employees are entitled to take Family and Medical Leave if they have been employed for at least 12 months in the 12 months preceding the leave. FML is provided to employees in accordance with state and federal laws, which grant up to 12 weeks of leave during a 12-month period to care for themselves, children, spouses, or parents with a serious medical condition. Medical certification is required.

FML runs concurrently with all paid leaves used during the FML period. FML ensures that, if an employee happens to not have enough paid leave time to cover the FML absence, the employer continues to pay the benefits premiums for the FML period. Additionally, FML entitles the employee to reinstatement to the same or comparable position with equivalent benefits, pay and conditions of employment upon the employee's return to work at the end of the FML period.

How to request a leave of absence:

- Complete a Leave of Absence Request Form
- Once signed/approved, the completed form and medical certification shall be submitted to the Department of Human Resources. The Department of Human Resources will provide written notification to the employee within 10 days.
- If an employee wishes to return early from leave, a written statement must be submitted to the Department of Human Resources. The Department of Human Resources will notify the employee's department. (Upon return from a medical leave of absence, employees must obtain authorization to return to work).
- If leave is to be extended, a brief statement must be submitted to the Department of Human Resources. For medical leave extensions, employees must submit medical certification.
- Upon return from a medical leave of absence, an employee must present a doctor's authorization to return to work.

Benefits during leave:

- If any employee has benefits, all benefits automatically continue during any paid leave. During any unpaid remainder of the 12 weeks of FML, the CSU will continue to pay its normal share of premiums for medical, dental and vision coverage. No CSU premiums will be paid during any period of leave in excess of 12 weeks in a 12-month period.
- An accounts receivable will be established for any employee premiums required during unpaid leave. If an employee wishes to suspend medical coverage during the unpaid leave, the CSU will also suspend its medical premium payments but dental and vision coverage will be continued. Suspended medical coverage may be reinstated upon return to active status.
- If the employee does not return from FML, the CSU will require the employee to reimburse it for medical, dental and vision premiums paid on the employee's behalf during the unpaid portion of the leave. However, no reimbursement will be required if the employee does not return because of a serious health condition or if they are unable to return due to circumstances that are outside of their control.

Non-Industrial Disability (NDI):

- Non-Industrial Disability Insurance is a wage continuation program paid for by the state. There are no employee contributions, enrollment fees or medical examinations required in order to be eligible. NDI provides up to 26 weeks of benefits to eligible employees who are unable to work due to a non-work-related illness or injury including pregnancy. This plan is in lieu of State Disability Insurance (SDI) benefit that is also administered through the Employment Development Department.