**CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS Leave Form**

##### APPLICATION FOR LEAVE OF ABSENCE

1. Complete this form for all full and partial leaves.
2. Contact the HR Benefits Specialist, 805/437-8426, for questions regarding continuation of insurance benefits.
3. Contact OPC 805/437-8960 to return University keys for a full Leave Without Pay
4. For Temporary and part-time employees, eligibility for Leave Without Pay varies by bargaining unit. To determine eligibility, contact Human Resources Programs at 805/437-8490.

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| --- | --- |
| EMPLOYEE NAME      | **EMPLOYEE ID or SOCIAL SECURITY NUMBER**      |
| **ADDRESS DURING LEAVE** (this will not change address currently in the Human Resource Database)      | **DEPARTMENT**      |
|       | **CSU CLASSIFICATION**[ ]  MPP [ ]  Confidential [ ]  Represented – Unit:       |
| **TYPE OF LEAVE *WITHOUT* PAY**: [ ]  Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) [ ]  Maternity [ ]  Paternity [ ] Adoption [ ] Other:            [ ]  Medical [ ]  Military Services [ ]  Personal [ ]  Professional                      |  **TYPE OF LEAVE *WITH* PAY**: [ ]  Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA) [ ]  Maternity [ ]  Paternity [ ] Adoption [ ] Other:             [ ]  Medical [ ]  Paid Military Leave – up to 30 days [ ]  Personal [ ]  Professional                      |
| **Reason for requesting Leave – attach additional sheet if necessary (do not include specific medical information):** |
| ***EMPLOYEE SIGNATURE: Phone number:***  | ***DATE:*** |
| COMPLETE SECTION BELOW FOR: FULL-TIME LEAVE |  |
| **PAID LEAVE TO BE USED** **PRIOR TO UNPAID PAY?**[ ] YES --Contact Payroll Services  [ ]  NO | **LAST DAY TO BE PHYSICALLY WORKED**      | **LEAVE START DATE**      | **LEAVE ENDING DATE**      |
| If using accrued leave credits select type and indicate hours available: | **Payroll Use:** |
| [ ]  Sick Leave[ ]  Vacation[ ]  Personal Holiday | # of hours available:      # of hours available:      # of hours available:       |  | Leave Balance Checked on this date:            |
| Do you intend to maintain and pay for benefits during the unpaid portion of your leave? If you answer yes to any of the below, please contact Human Resources Programs for payment arrangements. |
|  YES NO[ ]  [ ]  Medical[ ]  [ ]  Dental[ ]  [ ]  Group Life | Monthly $ Amount                               | Total Monthly $ Amount           |
| COMPLETE SECTION BELOW FOR: PARTIAL LEAVE |
| **CURRENT TIME BASE** | **PROPOSED TIME BASE** | **PARTIAL LEAVE START DATE** | **PARTIAL LEAVE ENDING DATE:**       |
| SIGNATURES/APPROVALS |
| Name of Supervisor/Dean: **PRINT**      | Signature: | Date:      | EXT:       | Approved [ ]  | **Not Approved** **[ ]**  |
| Name of Division VP: **PRINT**      | Signature: | Date:      | EXT:       | Approved [ ]  | **Not Approved [ ]**  |
| Name of Department Budget Officer: **PRINT**      | Signature: | Date:      | EXT:       | Approved [ ]  | **Not Approved [ ]**  |
| Name of President/Designee: **PRINT**      | Signature: | Date:      | EXT:       | Approved [ ]  | **Not Approved [ ]**  |
| FOR HUMAN RESOURCES USE ONLY |
| **Partial Leave Salary** | **Hire Date** | **Adjusted ProbReason** | **Adj. Prob End Date** | **Adj SSI Month** | **Completed By/Date** |
|  |  |  |  |  |  |
| FML | **FML Begin Date** | **FML End Date** | **Pay Periods needing STD-674** |
|  [ ]  YES [ ]  NO |  |  | Pay Pd | Due | Pay Pd | Due | Pay Pd | Due | Pay Pd | Due |
|  |  |  |  |  |  |  |  |