**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 |
|  | | |  |  | | | |  | | |  | | | |  | | |  | |  |