

**Instructions:** Employee and Department to complete where applicable and submit to University Personnel.

<b>Employee Information</b>				
Name:		Employee ID:		Personal Phone Number:
Address (Street, City, State, Zip):				
Department:		Classification:		Campus Phone Number:
Personal E-mail (not SJSU)		Emergency Contact Name & Phone Number:		
<b>Reason for Leave – Medical Certification REQUIRED for all medical-leave related requests</b>				
<input type="checkbox"/> Employee Illness/Injury (Non-Industrial)** <input type="checkbox"/> Family Care <input type="checkbox"/> Adoption (Parental)/Foster (submit documentation of placement) <input type="checkbox"/> Maternity/Paternity - Due Date: _____ <input type="checkbox"/> Military Leave (submit copy of orders) <input type="checkbox"/> LWOP (submit personal statement) <b>**Medical release also required PRIOR to return to work. Employees will not be allowed to return until paperwork is on file.</b>				
<b>Period of Absence</b>				
<input type="checkbox"/> Full	Last Day Physically Worked:	Leave START Date:	Leave END Date:	Return to Work Date:
<input type="checkbox"/> Intermittent*	Intermittent START Date:	Intermittent END Date:	Anticipated Schedule: (list estimated frequency/duration)	
<input type="checkbox"/> Partial Leave / Reduced schedule	Leave/Reduction START Date:	Leave/Reduction END Date:	Anticipated Schedule: (if known, determined by physician)	
<input type="checkbox"/> Leave Without Pay (LWOP)	Last Day Physically Worked:	Leave START Date:	Leave END Date:	Return to Work Date:
NOTE: If end date or return to work date is unknown, employee must provide "best estimated" date known at time of request.				
<b>Pay/Leave Credits - All leave credits must be exhausted prior to employee being placed on unpaid FML status</b>				
<input type="checkbox"/> <b>Paid</b> Request to use: <input type="checkbox"/> Sick <input type="checkbox"/> CTO <input type="checkbox"/> ADO <input type="checkbox"/> Vacation <input type="checkbox"/> Parental Leave (if applicable) <input type="checkbox"/> PH <input type="checkbox"/> NDI Disability Pay (if applicable)			<input type="checkbox"/> <b>Unpaid (LWOP)</b> (Subject to approval of the Sr. AVP of University Personnel; FML eligible employees must exhausted FML prior to LWOP status)	

<b>Employee Signature</b>		
<p>Employees on an approved leave of absence are not "permitted" to work. Responding or taking action on work emails during a leave of absence will not be recognized by SJSU as work time. SJSU reserves the right to suspend an employee's SJSUOne access while on a leave of absence if misuse is found. I understand I will be required to submit a medical certification for a medical leave request. My signature below certifies that information relevant to this application for leave is accurate and truthful. I understand any misrepresentation on my part may be cause for denial or rescission of the leave. In addition, I have read page two (2) for information regarding my leave of absence.</p>		
Employee Signature: _____	Date: _____	<input type="checkbox"/> Currently on Probation (if applicable)
<b>Required Signatures for Leave with Pay - Department Signatures Indicate Acknowledgment Only - Final Approval from UP</b>		
<p>Immediate Supervisor/Lead/Chair (Direct Report):</p> <p>_____</p> <p>Signature: _____ Date: _____</p>		
<p>Department Manager/Administrator (MPP):</p> <p>_____</p> <p>Signature: _____ Date: _____</p>		
<p>Leave Program Manager (University Personnel):</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p style="text-align: right;"><input type="checkbox"/> FML Approved <input type="checkbox"/> FML Not Approved</p>		
<b>Required Signatures for Leave Without Pay (LWOP) Only</b>		
<p>Department Manager/Administrator (MPP):</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p style="text-align: right;"><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p>		
<p>Dean (Academic Affairs) / AVP (Other Divisions):</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p style="text-align: right;"><input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended</p>		
<p>Sr. AVP of University Personnel:</p> <p>_____</p> <p>Signature: _____ Date: _____</p> <p style="text-align: right;"><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p>		

**Employee Responsibilities**

- Employee is to discuss the leave request with the appropriate administrator at least 30 days prior to taking leave if possible.
- Employee is to complete the **Leave of Absence Request** in its entirety, and submit to the Leave Program Manager. Incomplete requests could result in the request being denied.
- Employee should contact the Leave Program Manager if leave advising and planning is needed.
- Employee is to submit required **Certificate of Health Care Provider** to the Leave Program Manager by the specified deadline. Employees are **not** required to submit the **Certificate of Health Care Provider** to their department.
- Employee is to keep the Leave Program Manager and appropriate administrator up to date of his/her leave status and any changes.
- Employee is required to submit medical release to return to work (for leave resulting from employee illness/injury) to the Leave Program Manager **prior** to reporting to work. Failure to do so will result in the employee being sent home until **Return to Work Certification** is submitted.

**Department Responsibilities**

- Department is to notify the Leave Program Manager as soon as an absence of 3 or more days occurs.
- Department is to provide the employee with the applicable **Certificate of Health Care Provider** form once notified of a medical leave. Advise the employee to return the completed certification to the Leave Program Manager.
- Department is to review the **Leave of Absence Request** with the employee.
- Department is **not** to ask for medical documentation for a medical leave, nor make determinations on a medical leave if documentation is submitted to the supervisor.
- Department is encouraged to work with the Leave Program Manager for clarification regarding their employee's medical leave.
- Department will complete an employee profile for an unpaid leave of absence and submit to the Leave Program Manager.

**Leave Program Manager Responsibilities**

- Leave Program Manager will review the **Leave of Absence Request** and any medical documentation if applicable and submit the appropriate FML letters to the employee and appropriate administrator.
- Leave Program Manager will communicate with the employee on required documentation needed to supplement a medical leave and highlight the deadline for all paperwork.
- Leave Program Manager will track all medical leaves and usage of FML time as well as enter and approve time usage in PeopleSoft during the duration of the leave.
- Leave Program Manager will coordinate with the employee and appropriate administrator to communicate any changes in the leave status.

**Leave Information**

- Recommendation of a **Leave of Absence With Out Pay (LWOP)** request must be made by the appropriate administrator based on operational needs of the Department/University. Final approval or denial is made by the Sr. AVP of University Personnel.
- ALL CSU eligible FML requests must be processed on a **Leave of Absence Request** form, for absences of 3 or more days.
- The **Certificate of Health Care Provider** must be provided to the Leave Program Manager within 15 days from the date the employee requests a 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, and your leave is for any of the following reasons:

- Birth or placement for a "son or daughter," to bond with a newborn or newly placed "son or daughter" for adoption or foster care; or to care for a son or daughter with a serious health condition (includes child of employee with "in loco parentis" status);
- Care for the employee's spouse, registered domestic partner, or parent with a serious health condition;
- Employee's own serious health condition that makes the employee unable to perform the essential functions of his/her job;
- Qualifying Military Exigency Leave (MEL) arising out of the fact that the employee's spouse, registered domestic partner, son, daughter, or parent is a member of any branch of the military, including the National Guard or Reserves, and is deployed or called to active duty in a foreign country; and/or
- Service Member Care (SMCL) for a covered service member with a serious injury or illness, if the employee is the spouse, registered domestic partner, son, daughter, parent, or next of kin of the service member.

Additional FML information can be found on the University Personnel website. Leaves for FML purposes, paid or unpaid, will be counted toward the 12-week FML entitlement. A **Certificate of Health Care Provider** must be provided to the Leave Program Manager in order to determine eligibility.

**Effects of a Leave of Absence**

The Leave of Absence **may** affect:

- Required probationary period, credit towards probation, sabbatical eligibility, and service salary step increase
- 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 regarding possible effects of an approved leave of absence.