

CALIFORNIA STATE UNIVERSITY, LONG BEACH FAMILY AND MEDICAL LEAVE (FML) REQUEST FORM

NOTICE TO THE EMPLOYEE: If you are eligible for the Federal and/or State Family and Medical Leave (FML), you should be aware of the following rights and obligations:

- ⇒ Eligible employees may take up to a total of twelve (12) weeks of FML in a 12-month period.
- ⇒ If your leave is due to a serious health condition (either your own or your child's, spouse's, or parent's), you must provide medical certification within 15 days. Approval of your leave may be withheld until you comply with this certification requirement. Prior to returning to work, you will be required to present a "fitness-for-duty" certificate if the leave is due to your own health condition.
- ⇒ Your personal holiday and any accumulated vacation and CTO leave credits will be used prior to placing you on unpaid leave of absence. If appropriate, accumulated sick leave may be used if mutually agreed upon by you and the appropriate administrator.
- ⇒ During your qualified period of FML, the CSU will continue to pay its portion of your medical, dental and vision premiums. You will still be responsible for your portion of the premium during the unpaid leave; an accounts receivable will be established by the Payroll Office for this purpose. If you wish to discontinue medical coverage during the unpaid leave, you may reinstate it upon return.
- ⇒ If you do not return from FML, the CSU will require reimbursement for the medical, dental, and vision premiums paid on your behalf during the unpaid portion of your leave. However, reimbursement will not be required if you do not return because of a serious health condition or if you are unable to return due to circumstances which are outside of your control.
- ⇒ Upon your return to work, you have the right to be reinstated to a position within your classification. Your rights, however, will be no different than if you were actively at work; this exception could affect your reinstatement in the case of layoffs, for example.

EMPLOYEE LEAVE REQUEST

I request FML leave for the following reason (check one):

- Birth, adoption, or foster care placement of my child
- Care for seriously ill family member (Relationship _____)
- Own serious illness

Effective Date of Family and Medical Leave: _____

Last day worked: _____ Date of expected return to work: _____

Continue these insurances (check "yes" or "no" for each plan):

Medical Yes No **Dental** Yes No **Vision** Yes No

Employee Name (please print) _____

Signature _____ Date _____

EMPLOYEE LEAVE CREDIT REPORT (To be completed by Payroll Office)					
Credit in hours as of	Vacation	Sick	CTO/H.C.	Per. Holiday	Payroll Tech