

Completing the Staff Leave of Absence Request Form

A leave of absence is defined as any time away from work (excluding vacation), either paid or unpaid, over 5 days.

An employee must complete the Staff Leave of Absence Request Form by following the steps below and obtain the appropriate approvals prior to beginning a leave of absence. In the event the employee is unable to complete the form, an authorized representative (i.e., employee's supervisor or ASM) may be elected to complete this procedure.

- Step 1. Notification:** After completing the first section of the Staff Leave of Absence Request Form, the employee gives the form to his/her supervisor. The supervisor must sign and have the ASM initial the form, indicating acknowledgement of employee's intent to request a leave of absence. **The form must be signed, initialed, and returned to the employee within 5 days of receipt by supervisor.** Leave is not approved at this point.
- Step 2. Staff Human Resources:** After completing Step 1, the employee consults with a Staff Human Resources representative (in person or via telephone) regarding the types of leaves that may be available and the appropriate use of paid time for the type of leave requested (i.e., sick time cannot be used for a professional leave of absence). Paid time can be used based on the employee's collective bargaining agreement. The Staff HR representative signs the Leave Form.
- Step 3. Payroll Services:** The employee then goes to Payroll Services to meet with his/her Payroll Technician who determines how the employee's paid leave credits (sick leave, vacation time earned) will be used during the time absent from work. The Payroll Technician will also advise the employee regarding an approximate date that a **Leave Without Pay** would begin, if applicable. The Payroll Technician signs the Leave Form, makes a copy of the form to keep, and the employee takes the original with him/her.
- Step 4. Benefits:** The employee contacts the Benefits Office to discuss any impact the leave will have on the employee's benefits coverage. The Benefit's representative signs the Leave Form.
- Step 5. Departmental Approval:** The employee takes the form to the ASM. The ASM signs the form and obtains the "Appointing Authority's" signature. (The "Appointing Authority" is usually the Dean or Associate Vice President of the area worked). **The form must be signed and returned to the employee or a written response made to the employee within 5 days of receipt by ASM.** Signatures will indicate approval of the leave request.
- Step 6. Submit completed form:** The employee or an authorized representative must also sign the form and return the completed, original form to Staff Human Resources. The leave of absence will not go into effect until the form is returned to Staff Human Resources.

Information on Family Medical Leave

Family Medical Leave (FML) is 12 weeks of benefits coverage available to an eligible employee for his/her own serious illness. FML can also be used by an employee to care for his/her child, spouse, or parent with a serious illness. FML begins the day after the employee's last day worked, and runs concurrent with the use of accumulated leave credits. The CSU will continue to pay its portion of the employee's benefits during the 12-week period, including any unpaid portion of FML.

For **maternity leave only**, FML coverage will be assigned as follows: If the employee utilizes Non-Industrial Disability Insurance (NDI), FML will begin after the NDI has ended. If NDI is not used, FML will begin 6 weeks after the birth of the baby.

For further information regarding FML, please refer to the Family Medical Leave Form which includes detailed information regarding this program. See the link below.

Leave Forms

The following leave forms are available on the Staff HR web site "Forms" page.

<http://daf.csulb.edu/forms/bhr/staffpersonnel/index.html#staff>

Staff Leave of Absence Request

Family Medical Leave

Certification of Health Care Provider for Employee

Certification of Health Care Provider for Family Member

SPECIAL NOTES TO DEPARTMENT:

- BE SURE TO TRACK THE REQUESTING EMPLOYEE'S **PAID** TIME OFF ON THE EMPLOYEE'S TIME SHEET. WORK WITH YOUR PAYROLL TECHNICIAN IN PAYROLL SERVICES REGARDING COORDINATION OF DATES AND AVAILABLE LEAVE CREDITS.
- WHEN THE EMPLOYEE **RETURNS TO WORK** AT THE END OF AN **UNPAID** LEAVE OF ABSENCE, THE DEPARTMENT/OFFICE/COLLEGE MUST CONTACT STAFF HUMAN RESOURCES AND THE PAYROLL OFFICE. IF REQUIRED, STAFF HR WILL PREPARE THE PAPERWORK TO RETURN THE EMPLOYEE TO ACTIVE STATUS ON THE UNIVERSITY'S PAYROLL ROSTER.



CALIFORNIA STATE UNIVERSITY, LONG BEACH STAFF LEAVE OF ABSENCE REQUEST FORM

This form is to be completed by any staff employee who seeks to request an extended Leave of Absence from work. A Leave of Absence is defined as any time away from work (excluding vacation), either paid or unpaid, over 5 days. This form keeps the necessary parties (employee’s department, Staff Human Resources, Payroll, and Benefits Services) informed and enables them to ensure a smooth transition from active to leave status. Employees must follow all steps outlined on this form, obtain all required signatures, and return the original, completed form to Staff Human Resources before a Leave of Absence will be put into effect. In the event the employee is unable to complete this form, an authorized representative may be elected to complete this procedure.

Please note that sick leave may only be used in accordance with the employee’s Collective Bargaining Union agreement.

When an employee returns from leave, the department/office/college must contact Staff Human Resources and the Payroll Office. If required, Staff HR will prepare the paperwork to return the employee to active status on the University’s payroll roster.

Employee ID #

Last Name: _____ First Name: _____

Department: _____

I am requesting a leave of absence: _____ Full leave
_____ Partial leave _____ Time base for partial leave

Type of leave: _____ Parental (Maternity/Paternity/Adoption) See pg. 2 re: FML/Maternity Leave
_____ Family Medical Leave (FML) See pg. 2 for more info _____ Extended sick leave (15 days or more)
_____ Educational _____ Professional _____ Personal

Dates of leave: Estimated last day you intend to be physically at work: _____
Estimated date of return from leave: _____

STEP 1: NOTIFICATION – Take this form to your supervisor. Your supervisor will sign and obtain the ASM’s initials. Your leave request is not approved at this point.

NOTE TO SUPERVISOR: *The form must be signed, initialed, and returned to the employee within 5 days of receipt.*

Supervisor’s Signature _____ Date _____

ASM’s Initials _____

STEP 2: STAFF HUMAN RESOURCES – Contact Staff Human Resources (Brotman Hall, Room 335) to discuss the types of leave that may be available for your use.

STAFF HR USE ONLY

Employee is eligible to use the following accruals: _____ Sick leave _____ Vacation/CTO/PH _____ Catastrophic leave

Staff HR Representative's Signature _____ **Date** _____

NOTES: _____

STEP 3: PAYROLL SERVICES – Contact your Payroll Technician in Payroll Services (Brotman Hall, Room 353) to discuss how your leave credits will be used and to apply for Non-Industrial Disability Insurance (NDI). It is best to contact your payroll technician shortly before the start of your leave in order to receive up-to-date leave accrual balances. (You may skip this step if applying for a paternity leave or partial leave of absence.)

Employee will apply for NDI: _____ YES _____ NO

Approximate date employee will begin **LEAVE WITHOUT PAY**
(MM/DD/YYYY) _____

Payroll Technician's Name _____

Payroll Technician's Signature _____

Date: _____

PAYROLL USE ONLY	
Date:	
Sick Leave Accrual:	
Vacation Accrual:	
CTO Accrual:	
NOTES	

STEP 4: BENEFITS – If applicable, contact the Benefits Office at extension 52381 to discuss any impact your leave may have on your benefits coverage.

Benefits Representative's Signature _____ **Date** _____

STEP 5: DEPARTMENTAL APPROVAL – Take this form to your ASM. The ASM will sign and obtain the Appointing Authority's signature. Signatures indicate approval of your request for a leave of absence.

***NOTE TO ASM:** The form must be signed and returned to the employee, or a written response made to the employee within 5 days of receipt.*

Appointing Authority's Signature _____ **Date** _____

ASM's Signature _____ **Date** _____

STEP 6: Sign below and return completed form to Staff Human Resources, Brotman Hall, Room 335. All steps must be completed in order for your Leave of Absence to be approved and processed.

Employee's Signature _____ **Date** _____