

Cal Poly Pomona Foundation, Inc.
LEAVE OF ABSENCE REQUEST FORM – FMLA/CFRA/PDL



Name _____ Department _____

Email: _____ Date of Hire _____ Classification: _____

Address during leave: _____ Phone/Cell during leave: _____

TO BE COMPLETED BY EMPLOYEE

Date leave to begin _____ Approximate date of return _____

Reason for leave* _____

*Type of leave will determine requirement of doctor's certification.

CHOOSE LEAVE TYPE BELOW (Employee, Family Care, or Military Leave) select one:

Employee's Own Disability Leave:

- Personal (serious own health condition) Personal (non-illness) Work related disability
- Pregnancy disability

Family Care Leave:

- Serious Health Condition of Family Member Name and Relationship to employee: _____
- Caring for military service member Name and Relationship to employee: _____
- Bonding: Birth/Adoption/Foster Placement of Child.

Military Leave

- Military Training Active Duty

Leave will be:

- Continuous Intermittent

If requesting intermittent leave, please explain: _____

By requesting the above leave of absence I agree to follow the provisions of the applicable Foundation policies and procedures when leaving and returning to work. I understand that failure to return to work on or before the last date of my approved leave will be considered a voluntary resignation of my employment. Extensions to a leave of absence may be requested and granted in some situations which would defer the termination of employment. An extension to a leave of absence is not guaranteed and decided based on all of the facts. Please discuss the specifics of your situation with Employment Services to ensure you receive the appropriate protection from our leave of absence programs and policies.

Wages are not paid during a leave of absence. An employee granted family and medical care leave must utilize any accrued but unused paid time off benefits (i.e., sick and vacation leave) during their leave. Also, a leave of absence will usually integrate with State Disability benefits, or Paid Family Leave benefits, or workers' compensation benefits, or military pay, or more than one of these programs.

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- I elect to use my accrued sick hours and coordinate with SDI.
- I elect to use my accrued vacation hours and coordinate with SDI.
- I elect to use my accrued sick hours and **not** coordinate with SDI.
- I elect to use my accrued vacation hours and **not** coordinate with SDI.
- I elect not to use my accrued vacation hours.
- I do not have any accrued sick or vacation hours.

I understand that if I choose not to coordinate my accrued sick / vacation time with State Disability /Paid Family Leave/Workers Compensation, and if I decide to file at a later date, Foundation will begin integration from the date of notice and will not retroactively adjust my leave pay. I understand it is my responsibility to coordinate with the appropriate agency to avoid any benefit payment discrepancies.

 Employee's Signature _____
 Date

Please contact Employment Services, Nora Fernandez at 909-869-4378 with any questions, and to set up a meeting to discuss the Leave of Absence.

APPROVALS OF LEAVE OF ABSENCE:

Approved _____ Denied _____	_____ Unit Supervisor/Manager	_____ Date
Approved _____ Denied _____	_____ Director (Department)	_____ Date
Approved _____ Denied _____	_____ Employment Services	_____ Date

Reason for denying leave: _____

FOR EMPLOYMENT SERVICES OFFICE USE ONLY:

- APPROVED NOT APPROVED PERSONAL LEAVE _____
- APPROVED NOT APPROVED Pregnancy Disability Leave (PDL)
- APPROVED NOT APPROVED California Family Rights Act (CFRA)
- APPROVED NOT APPROVED Family and Medical Leave Act (FMLA)
- APPROVED NOT APPROVED Military Leave or Care for a Service Member (FMLA)

Coordination with SDI explained to employee on _____ (in person/by letter) by _____.
 Coordination with SDI is unavailable. _____ (Initials)