

Purpose of the Form

Leaves of absence (with or without pay) may be granted for medical and family care, disability, pregnancy, military service, personal and other satisfactory reasons. Management and staff apply in accordance with guidelines established by Human Resources (HR). Faculty members apply for leaves of absence, excluding leaves covered under the Family and Medical Leave Act (FML), using forms and procedures established by the Office of Faculty Affairs. Call 408-924-2450 for more information.

Instructions:

Complete this request form as well as any additional required documentation (see below) and submit it to your immediate supervisor. All documentation must be provided to HR for review and approval.

Employee Information		
Employee Name:	Employee ID	Home Phone
Current Mailing address:		
Department/College Name	Classification	Campus Phone
Emergency Contact Name and Address		Emergency Contact Phone Number
<p>Family Medical Leave (FML) You must submit a timely, complete and sufficient medical certification to support a request for FML. Failure to provide a complete and sufficient medical certification may result in a denial of your FML request.</p> <p> <input type="checkbox"/> Own Illness (not work-related) <input type="checkbox"/> Care for Newborn/Adopted child <input type="checkbox"/> Care for Ill Parent /Spouse/Child/DP Date of Birth/Adoption: _____ <input type="checkbox"/> Military Exigency Leave (MEL) <input type="checkbox"/> Service Member Care Leave (SMCL) <input type="checkbox"/> Other </p> <p>Intermittent or reduced work schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Effective date of leave: _____ Last day physically worked: _____</p> <p>Anticipated return to work date: _____</p>		
<p>Pregnancy Disability Leave (PDL) You must submit a timely, complete and sufficient medical certification to support a request for PDL. Failure to provide a complete and sufficient medical certification may result in a denial of your PDL request.</p> <p>Intermittent or reduced work schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last day physically worked: _____ Anticipated return to work date: _____</p>		
<p>Military Leave You must submit a copy of your military active duty orders to support your request for military leave.</p> <p> <input type="checkbox"/> Temporary Military Leave - Inactive Duty Training <input type="checkbox"/> Emergency Military Leave - Called to Active Duty <input type="checkbox"/> Indefinite Military Leave - Active Duty </p> <p>Intermittent or reduced work schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Last day physically worked: _____ Anticipated return to work date: _____</p>		

Employee Signature

I've read the applicable leave information sheet and university Leave of Absence Guidelines and understand my responsibilities for requesting this type of leave. I further understand that HR will provide written notification of their decision to approve or deny my request for leave.

Signature

Date

Department Review**Immediate Supervisor:**

Print name

Signature

Phone

Date

Appropriate Department Administrator:

Print name

Signature

Phone

Date

Human Resources Approved Not Approved

ESS/Service Unit Supervisor _____ Date _____