

Print Faculty Name: _____	Department: _____	<input type="checkbox"/> Temporary
Faculty Signature _____	Faculty Status (check one): <input type="checkbox"/> Tenured <input type="checkbox"/> Probationary	<input type="checkbox"/> Rehired Annuitant

PERSONAL LEAVE

TYPE OF PERSONAL LEAVE TRANSACTION: *COMPLETE EITHER SECTION A, B OR C		
A. <input type="checkbox"/> APPLY FOR LEAVE	B. <input type="checkbox"/> CHANGE APPROVED LEAVE	C. <input type="checkbox"/> CANCEL APPROVED LEAVE
From: _____ To: _____ Time Base: _____	Current Approved Term of Leave: _____ <input type="checkbox"/> Change to Fall <u>20</u> Semester <input type="checkbox"/> Change to Spring <u>20</u> Semester Change time base to: _____	Approved Term of Leave: _____
PURPOSE OF PERSONAL LEAVE: USING LEAVE CREDITS?		
<input type="checkbox"/> MATERNITY/PATERNITY <input type="checkbox"/> FAMILY CARE <input type="checkbox"/> SICK SELF <input type="checkbox"/> OTHER (SPECIFY): _____	(SELECT ONE) <input type="checkbox"/> USE SICK LEAVE <input type="checkbox"/> DO NOT USE SICK LEAVE <input type="checkbox"/> USE VACATION (12 MONTH FACULTY ONLY)	

PROFESSIONAL LEAVE WITHOUT PAY

TYPE OF PROFESSIONAL LEAVE TRANSACTION: #COMPLETE EITHER SECTION A, B OR C		
A. <input type="checkbox"/> APPLY FOR LEAVE	B. <input type="checkbox"/> CHANGE APPROVED LEAVE	C. <input type="checkbox"/> CANCEL APPROVED LEAVE
From: _____ To: _____ Time Base: _____	Current Approved Term of Leave: _____ <input type="checkbox"/> Change to Fall <u>20</u> Semester <input type="checkbox"/> Change to Spring <u>20</u> Semester Change time base to: _____	Approved Term of Leave: _____
PURPOSE OF PROFESSIONAL:		
<input type="checkbox"/> RESEARCH <input type="checkbox"/> ADVANCED STUDY	<input type="checkbox"/> PROFESSIONAL DEVELOPMENT <input type="checkbox"/> OTHER (SPECIFY): _____	

Explain in detail benefit of leave to you and to the University. Attach additional pages if more space is needed.

REQUESTING OUTSIDE EMPLOYMENT ANY LEAVE TYPE- (CSUF RESERVES THE RIGHT TO TALK TO OUTSIDE SUPERVISOR)
With Pay? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____
Name of Supervisor: _____ Is Tenure at another institution involved? <input type="checkbox"/> Yes <input type="checkbox"/> No

CONTACT INFORMATION: FOR ALL TYPES OF LEAVES		
Address:	Phone:	
City:	State:	Zip:

NOTE: Faculty on approved leave must notify the College Dean no later than April 1st of his/her intention to return at the beginning of the following academic year (AY or Spring leaves) or no later than October 1st of intention to return at the beginning of the following spring semester (Fall leaves).

CHAIR'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Recommend Do Not Recommend

CHAIR'S SIGNATURE (FORWARD TO DEAN)

DATE

DEAN'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Recommend Do Not Recommend

DEAN'S SIGNATURE (FORWARD TO FACULTY AFFAIRS & RECORDS)

DATE

FORWARD THE FORM TO FACULTY AFFAIRS AND RECORDS MH 128

FORWARDING DIRECTLY TO THE VPAA WILL DELAY PROCESSING OF THE LEAVE.

VPAA'S COMMENTS (ATTACH ADDITIONAL PAGES IF MORE SPACE IS NEEDED):

Approve Do Not Approve

VICE PRESIDENT SIGNATURE

DATE

C: PERSONNEL ACTION FILE

Criteria for Approval of Unpaid Leaves

PROFESSIONAL LEAVES OF ABSENCE WITHOUT PAY:

Purposes for which leaves typically would be approved include:

- ❖ To accept a limited term appointment, or engage in a temporary activity that is of benefit to CSUF and to the individual.
- ❖ To accept an extraordinary honor that clearly benefits the faculty and CSUF by association.
- ❖ To permit a faculty unit employee an opportunity to apply his/her expertise to an area not normally within his/her assignment. The activity must be of benefit to CSUF and to the department and be concurrent with the University's Mission and Goals.
- ❖ To assist the faculty member's department or College in meeting budgetary obligations or in achieving benefit to CSUF and to the department and in a manner concurrent with the University's Mission and Goals.
- ❖ To establish, extend, or engage in activity of benefit to CSUF or the department (i.e., a field-based experience).

Purposes for which and/or when leaves normally would NOT be approved:

- ❖ Requests during probation.
- ❖ To accept tenure elsewhere.
- ❖ To engage in activities that are not a benefit to CSUF or is not concurrent with the University's Mission and Goals.
- ❖ When the department needs faculty member's service.

In all cases, the following will be considered:

- ❖ Quality of the faculty member's contributions to the department and university.
- ❖ The applicant's length of service.
- ❖ Effect on department of holding this position open.
- ❖ Number and pattern of previous leaves.
- ❖ The extent to which the leave supports the University's Mission and Goals.

FAMILY AND MEDICAL LEAVE NOTICE (FMLA)

California State University, Fullerton employees are entitled to Family and Medical Leave (FML) in accordance with state (California Family Rights Act--CFRA) and federal (Family Medical Leave Act--FMLA) laws, California State University policy, and collective bargaining agreements for represented employees.

Family and Medical Leave (FML) provides eligible employees with up to 12 work-weeks of unpaid leave a year, and allows for group health benefits to be maintained during the leave as if the employee continued to work instead of taking leave. The For more detailed information on the CSU FML Policy, please refer to the [CSU Family Medical Leave Policy page](#) and appropriate [Collective Bargaining Agreements](#)

Notice to the employee: If the leave you are requesting meets federal and state Family and Medical Leave (FML) requirements, you should be aware of the following rights and obligations:

The period of this leave will be counted as federal/state Family and Medical Leave in determining your future eligibility for additional FML leaves.

If your leave is due to a serious health condition (either your own, your spouse's, parent's, or child's), you must provide medical certification within 15 days. Approval of your leave may be withheld until you comply with certification requirements. 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.

Unless you are covered by a bargaining agreement that states otherwise, your personal holiday and any accumulated vacation and CTO leave credits (for 12 month faculty only) will be used prior to placing you on unpaid leave of absence. If appropriate, accumulated sick leave may be used as mutually agreed upon by you and the appropriate administrator with doctor certification.

For the period of unpaid FML leave, the CSU will continue to pay its portion of your medical, dental, and vision premiums. An accounts receivable will be established for any employee premiums required during unpaid leave. If you wish to discontinue medical coverage during the unpaid leave, you may reinstate it upon return.

If you do not return from FML leave, the CSU will require you to reimburse it for medical, dental, and vision premiums paid on your behalf during the unpaid portion of your leave. However, no reimbursement will be required if you do not return because of a serious health condition or if you are unable to return due to circumstances that are beyond your control.

Upon your return to work, you have the right to reinstatement to the same position or to another position with equivalent benefits, pay, and conditions of employment. However, you will have no different rights than if you were actively at work rather than on leave; this exception could affect your reinstatement in the case of layoffs, for example.

REASON FOR LEAVE

I AM REQUESTING FMLA FOR THE FOLLOWING REASON:	Date of Occurrence	Relationship
Birth, adoption, foster care placement <input type="checkbox"/>		
Care for family member <input type="checkbox"/>		
Care for domestic partner <input type="checkbox"/>		
Own illness <input type="checkbox"/>		

DATES OF LEAVE

Last day worked	Expected Return to Work Date
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INSURANCE CONTINUATION

Do you wish to continue insurance?	Medical			Dental			Vision		
	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Faculty Name: (Please Print)	Signature:	Date:
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