

**CALIFORNIA LUTHERAN UNIVERSITY**  
**EMPLOYEE REQUEST FOR LEAVE OF ABSENCE**  
**ADMINISTRATION, FACULTY AND STAFF**

Complete this form for all leave of absence requests including vacation and sick leave requests.

|                 |  |           |           |
|-----------------|--|-----------|-----------|
| Employee Name   |  | Date      |           |
| Department      |  | Job Title |           |
| Supervisor Name |  | Extension | Mail Code |

|                         |  |                                    |  |
|-------------------------|--|------------------------------------|--|
| <b>Initial Request</b>  |  | <b>Request for Leave Extension</b> |  |
| <b>Leave Start Date</b> |  | <b>Leave End Date</b>              |  |

**TYPE OF LEAVE**

|  |      |                |             |
|--|------|----------------|-------------|
| <b>MEDICAL LEAVE REQUEST</b> (Requires Additional Documentation) (see page 2)  |      |                |             |
| Pregnancy Disability Leave   |      |                |             |
| Maternity Leave  |      |                |             |
| Paternity/Adoption/(Foster Care)   |      |                |             |
| Family & Medical Leave Act (FMLA)  | Self | Birth of Child | Family Need |
| <ul style="list-style-type: none"> <li>For any medical absence of more than three (3) days or a surgical procedure, a completed Return to Work Certification must be provided to Human Resources prior to resuming current position.</li> <li>Leaves which qualify under Family Medical Leave Act (FMLA) will be counted against employee's FMLA entitlement.</li> <li>Each leave will be evaluated as defined under CLU Policy, FMLA, California Family Rights Act (CFRA)</li> <li>Employee will be placed on a PROVISIONAL FMLA for 10 days pending receipt of Medical Certification.</li> </ul> |      |                |             |

|   |      |        |
|---|------|--------|
| <b>LEAVE REQUEST</b> (Requires Additional Documentation) (see page 2) |      |        |
| Type of Leave Requested   | Paid | Unpaid |
| Vacation  |      |        |
| Sick Leave  |      |        |
| Bereavement   |      |        |
| Jury Duty   |      |        |
| Military Spouse/Domestic Partner Leave                                |      |        |
| Child School Leave  |      |        |
| Other / Personal Leave (describe)                                     |      |        |

|   |  |      |  |
|---|--|------|--|
| I understand the CLU leave policy and will provide necessary documentation.   |  |      |  |
| Employee Signature  |  | Date |  |
| Supervisor Approval   |  | Date |  |
| Dean or Vice President Approval<br>(for faculty and director level employees) |  | Date |  |
| Human Resources Eligibility<br>Verification                                   |  | Date |  |

## INSTRUCTIONS FOR COMPLETING THE LEAVE REQUEST FORM

The request for leave of absence must be reviewed and signed off by the Supervisor and Vice President, pending final verification of eligibility by Director of Human Resources. Requests should be submitted at least two weeks prior to effective date. If circumstances prevent appropriate notice, the employee should inform their supervisor as soon as possible within learning of the need for a leave.

### EMPLOYEE'S RESPONSIBILITY

- If employee is on a medical leave, a medical release must be submitted to Human Resources prior to returning to work.
- Eligibility for leave programs will be determined by Human Resources based on the employee's length of service and eligibility for leaves as defined by CLU policy, state and federal law (FMLA, CFRA, etc.).
- For any medical or FMLA-related absence of more than three (3) consecutive days, a Return to Work Certification form must be completed and returned to Human Resources prior to being restored to your position.
- Unless on reduced work as prescribed by a doctor, while on medical leave, work should not be conducted.

### FMLA LEAVE INFORMATION

- As required by the FMLA, you must keep human resources and your supervisor informed of changes to your leave.
- When applying for Family Medical Leave, a signed Employee Request for Leave of Absence form must be received in Human Resources with your completed Employee Request for Leave of Absence form. The Certification of Health Care Provider form must be provided to Human Resources within 15 days from the date the provisional FML (effective FMLA date of leave) was approved. Please schedule an appointment with Human Resources (805) 493-3177.
- All medical certifications must be submitted to Human Resources prior to final approval of FML leave.
- While on approved leave, CLU will continue to pay their portion of your current medical, dental and vision premium, and you will be expected to pay any portion of premium currently ascribed to you (e.g. your dependent coverage, etc.). If you chose to continue your leave past the time approved by CLU and FMLA/CFRA, you will be given the opportunity to continue your insurance coverage through COBRA election. Please review your handbook for detailed description of CLU Leave of Absence Policy.
- You may be eligible for Family Medical Leave (FML) if you have been employed by California Lutheran University for at least twelve months or one academic year (Faculty), not necessarily continuously. The Family Medical Leave Act provides 12 weeks of unpaid leave during a 12 month period for a qualifying event.
- FML runs concurrently with CFRA. Qualifying events are classified as the following:
  - You are unable to perform the essential functions of your own job because of your own serious health condition; or
  - To care for your child after birth, or placement for adoption or foster care; or
  - To care for your spouse, son or daughter, or parent, who has a "serious health condition".

For additional information please read the FML information provided on the Human Resources Website. Leaves for FML purposes, paid or unpaid, will be counted toward the 12-week FML entitlement. A Certification of Health Care Provider must be provided to Human Resources in order to determine eligibility.

# CALIFORNIA LUTHERAN UNIVERSITY

## LEAVE OF ABSENCE NOTIFICATION FORM ADMINISTRATION, FACULTY AND STAFF

|               |  |      |  |
|---------------|--|------|--|
| EMPLOYEE NAME |  | DATE |  |
|---------------|--|------|--|

On \_\_\_\_\_ Human Resources received your paperwork requesting a leave of absence.

This is to inform you that you are \_\_\_\_\_ eligible \_\_\_\_\_ not eligible for leave of absence as noted below:

|  |  |
|--|--|
|  | Pregnancy Disability Leave             |
|  | Maternity Leave                        |
|  | Paternity/Adoption/(Foster Care)       |
|  | Family & Medical Leave Act (FMLA)      |
|  | Vacation                               |
|  | Sick Leave                             |
|  | Bereavement                            |
|  | Jury Duty                              |
|  | Military Spouse/Domestic Partner Leave |
|  | Child School leave                     |
|  | Other                                  |

- Your leave of absence will begin \_\_\_\_\_ .
- Your expected return to work date is \_\_\_\_\_ .
- You will be eligible to use your accrued \_\_\_\_\_ hours of paid vacation and/or your accrued \_\_\_\_\_ hours of paid sick leave during this time. Contact payroll to ensure timely coordination of accrued time.
- This leave \_\_\_\_\_ will \_\_\_\_\_ will not be counted against your annual FMLA leave entitlement.
- CFR \_\_\_\_\_ will \_\_\_\_\_ will not run concurrently with FMLA leave.
- Your leave will be taken \_\_\_\_\_ continuously \_\_\_\_\_ intermittently. If intermittently, please submit a work schedule agreeable to you and your supervisor.
- You will submit paperwork to Human Resources from a qualified medical practitioner verifying serious health need for you or family member.

|                     |  |      |  |
|---------------------|--|------|--|
| FOR HUMAN RESOURCES |  | DATE |  |
|---------------------|--|------|--|