



California State University, Fresno
Personal Leave Application (Non-Medical)

Applicable Policies:

CBA: Article 13 Probation and Tenure (see 13.6 – 13.8)
Article 22 Leaves of Absence without Pay (Personal or Professional)

Campus Policy: Policy on Faculty Leaves of Absence (APM 361)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

College/School & Department: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Current Status

- Tenured Probationary
Lecturer Current Timebase
If permitted by the CBA, do you want your "tenure clock" to stop? \_\_\_\_\_

Requested Duration of Leave:

- Academic Year Fall Spring Specific Dates

Is this a request for extension or renewal of a previous leave? \_\_\_\_\_

Timebase of Requested Leave:

- Full Time (or 100% leave) Part Time (less than 100%)
Fraction Working Leave Fraction

Purpose of Leave:

- Pregnancy/Birth/Adoption/Paternity\*
Medical Leave - Self\*
Family Medical Care\*
Military (please attach copies of Military Orders)
Personal - leave without pay

Will you be working during your leave? If yes, attach a brief explanation.

- No
Yes, teaching/working on Fresno State Campus? How many WTUs?
Yes, working at another job
Temporary Job Permanent Full-time Job

If requesting an unpaid leave, do you wish to have your benefits continue during your leave? If yes, please contact Human Resources at 559-278-2032.

\* You may be eligible for CSU Family Medical Leave (FML) benefits. Certification from a health care provider of a serious health condition is required. Contact the Human Resources Office for more information 559-278-2032.

**PURPOSE OF PERSONAL LEAVE WITHOUT PAY – Article 22.8**

A Personal Leave Without Pay may be for purposes of unpaid sick leave, outside employment, maternity/paternity, family care leave, or other purposes of a personal nature.

**SERVICE CREDIT DURING LEAVE WITHOUT PAY- Article 22.8**

A faculty member does not accrue service credit toward probation, sabbatical eligibility, merit salary adjustment eligibility, or seniority during a non-medical leave without pay, nor does service credit toward retirement (PERS) accrue.

**HEALTH AND OTHER BENEFITS COVERAGE**

In order to continue benefits coverage while on leave without pay, arrangements should be made with the University Benefits Officer to continue payments for health insurance, life insurance, organizational dues and other payroll deductions. A leave without pay also has an impact on retirement calculations. Please check with the Benefits Officer at 559-278-2032.

**NOTIFICATION OF RETURN – Article 22.7**

An individual on Personal Leave shall notify the appropriate administrator no later than **April 1** of his/her intention to return to duty at the beginning of the academic year or no later than **October 1** of his/her intention to return to duty at the beginning of the spring term.

I understand all the terms and conditions of this leave. By my signature, I agree to adhere to the terms and conditions of the leave as noted in the CBA as well as the campus Policy on Faculty Leaves of Absence (APM 361-1). Finally, I attest to the truthfulness and accuracy of my application, including any attachments or documents submitted by me as part of my application.

If the requested leave is approved, I understand that this application, including a copy of the leave proposal and all attachments, if any, will be placed in my Open Personnel File five (5) days after the date of final approval.

\_\_\_\_\_  
Signature of Applicant Date

**RECOMMENDATIONS:**

\_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Department Chair Date

\_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Dean Date

\_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Academic Personnel Date

**APPROVAL:**

\_\_\_ Yes \_\_\_ No \_\_\_\_\_  
Provost and Vice President for Academic Affairs Date

**Submit one copy of this form to your Department Chair. Provost’s decision will be mailed to Applicant at the address provided on this form, with copies to Department Chair, Dean, and University Human Resources.**