



California State University, Fresno

Personal Leave Application

Applicable Policies:

- CBA:** Article 13 Probation and Tenure (see 13.6 – 13.8)
- Article 22 Leaves of Absence without Pay (Personal or Professional)
- Article 23 Leaves of Absence with Pay (Pregnancy/Birth/Adoption, Military Leave)
- Article 24 Sick Leave
- Campus Policy:** Policy on Faculty Leaves of Absence (APM 361-1)

Name: _____ **Date:** _____

College/School & Department: _____

Home Phone: _____

Mailing Address: _____

Current Status

- Tenured**
- Probationary**
If permitted by the Collective Bargaining Unit, do you want your “tenure clock” to stop? _____
- Lecturer** **Current Timebase** _____

Purpose of Leave:

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

Requested Duration of Leave:

- Academic Year** _____
- Fall** _____
- Spring** _____
- Specific Dates** _____

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

Will you be working during your leave?

- No**
- Yes** **How many WTUs will you be teaching?** _____

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 FMLA 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. Under the CBA, family care or medical leave shall not constitute a break in service for purposes of length of service and/or seniority. Faculty members who use Pregnancy/Birth/Adoption leave may opt to stop the “tenure clock” for a year as a consequence of the leave. Service credit toward retirement (PERS) does not accrue during an unpaid leave.

USE OF LEAVE CREDITS AND BENEFITS

While absent from campus on leave, you must enter your monthly attendance into the Absence Management system for each day that you are off work. Your monthly attendance must be completed by the 5th of each month.

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.

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.