MEDICAL LEAVE APPLICATION

CALIFORNIA STATE UNIVERSITY, FRESNO - HUMAN RESOURCES P 559.278.2032

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SECTION 1. EMPLOYEE INFORMATION

EMPLOYEE NAME

FRESNO STATE ID#

HOME/CELL PHONE

DEPARTMENT

MAILING ADDRESS

MANAGER/ADMINISTRATOR

CSU CLASSIFICATION

◉ Staff _____ ○ Faculty ○ MPP/Confidential ○ Unit11

CURRENT TIMEBASE/PAY PLAN

FT ☐ AY ☐ 10/12 ☐

PT ☐ 12 MTH ☐ 11/12 ☐

Are you on an "Alternative" Work Schedule?

○ YES ◉ NO

EMPLOYMENT STATUS

TENURED ○

PERMANENT ◉

TEMPORARY ○

PROBATIONARY ○

Have you had any prior employment with a CSU/State of California?

○ YES ◉ NO

HUMAN RESOURCES CONTACT _____

PHONE NUMBER _____

SECTION 2. LEAVE REQUEST

LAST DAY PHYSICALLY WORKED _____ ESTIMATED START DATE _____ ESTIMATED END DATE _____

FML EFFECTIVE DATE _____ APPROVED START DATE _____ APPROVED END DATE _____

☐ PAID ☐ COMBINATION OF PAID AND UNPAID ☐ UNPAID

☐ FULL LEAVE * ☐ PARTIAL LEAVE FROM _____ TO _____ ☐ INTERMITTENT

* WILL BE WORKING AN "ALTERNATE" WORK SCHEDULE? ○ NO ○ YES _____

SECTION 3. USAGE OF LEAVE CREDIT IS DETERMINED BY THE CBA (if applicable), CSU, FEDERAL & STATE LEAVE PROGRAMS/POLICIES

USING LEAVE CREDITS BELOW

☐ SICK LEAVE ☐ PERSONAL HOLIDAY

☐ VACATION (PER CBA & TITLE V) ☐ HOLIDAY CREDITS/CTO

ESTIMATED LEAVE ACCRUAL TOTALS AS OF _____

SICK LEAVE _____ PERSONAL HOLIDAY _____

VACATION _____ HOLIDAY CREDITS/CTO _____

SECTION 4. LEAVE PROGRAMS REQUIRE ADDITIONAL DOCUMENTATION AND MAY RUN CONCURRENTLY

☐ PREGNANCY DISABILITY LEAVE

☐ PARENTAL LEAVE (MATERNITY, PATERNITY, ADOPTION/*FOSTER CARE (*PER CBA))

☐ FAMILY&MEDICAL LEAVE (FML)&CALIFORNIA FAMILY RIGHTS ACT(CFRA)

☐ SELF ☐ BIRTH OF CHILD ☐ ADOPTION/FOSTER CARE

☐ FAMILY MEMBER _____ (As defined by FMLA)

If requesting to use sick leave accruals for family member care, the usage of sick leave must be mutually agreed upon by Employee & Appropriate Administrator.

_____

Appropriate Administrator

☐ NON-INDUSTRIAL DISABILITY INS. (NDI PER CBA)

☐ CATASTROPHIC LEAVE DONATION PROGRAM

☐ ORGAN DONOR LEAVE

☐ EDUCATION CODE MATERNITY LEAVE (ECML) (CSUEU, C99, E99, MPP,SETC & SUPA)

☐ NON-FML:

☐ EXPANSION OF FML MILITARY ☐ WOUNDED SERVICE MEMBER ☐ QUALIFYING EXIGENCY

- I will be placed on a PROVISIONAL FMLA for 15 days pending receipt of Certification of Health Care Provider.
- During my leave of absence, I understand that Human Resources will enter my usage of leave accruals with the exception of intermittent leaves.
- If leave of absence is approved, my compensation will be determined by the type of leave.
- If applicable, my residual pay during months off (for 10/12 and 11/12 employees) may be affected by this leave.
- My health benefits, service credit, leave credits, CalPERS service credit or other salary increases may be affected by this leave and my CBA.
- Prior to reporting to work, I must provide Human Resources with a medical release from my doctor if I am on a full or partial medical leave.

I understand the terms and conditions of this leave that I am requesting.

Employee Signature _____ Date _____

ACKNOWLEDGMENT OF LEAVE REQUEST

Department will be notified after the Assoc. Vice President of HR has reviewed this request.

Department Chair/Manager Print _____ Signature _____ Date _____

Dean/Department Manager Print _____ Signature _____ Date _____

HR MGR - BENEFITS

Assoc. Vice President of HR _____ Date _____ ☐ Approved ☐ Denied

EMPLOYEE NAME	FRESNO STATE ID#

----HUMAN RESOURCES ONLY----

HR Analyst: _____

Process & form reviewed with employee

Approved Certification Received

Copies Distributed to:	
Staff	**Faculty**
Employee: _____	Employee: _____
Payroll: _____	APS: _____
Department: _____	Dean: _____
Leave File: _____	Department: _____
	Payroll: _____
	Leave File: _____