CALIFORNIA STATE UNIVERSITY, FRESNO HUMAN RESOURCES Á77; +'49: /4254"~"Hcz"*77; +'49: /6497

SECTION 1. EMPLOYEE INFORMATION

EMPLOYEE NAME	FRESNO STATE ID#
HOME/CELL PHONE	DEPARTMENT
MAILING ADDRESS	MANAGER/ADMINISTRATOR
	CSU CLASSIFICATION Staff ______ Faculty MPP/CONFIDENTIAL UNIT 11

CURRENT TIMEBASE/PAY PLAN	EMPLOYMENT STATUS	Have you had any prior employment with a CSU/State of California? Yes No
FT AY 10/12 PT 12 MTH 11/12 Are you on an "Alternative" Work Schedule? Yes No	TENURED PERMANENT TEMPORARY PROBATIONARY	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 SCHEDULE ____________ UNPAID

FULL LEAVE PARTIAL LEAVE FROM ____________ TO ____________ INTERMITTENT

WILL BE WORKING AN "ALTERNATE" WORK SCHEDULE? YES NO

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

USING LEAVE CREDITS BELOW		ESTIMATED LEAVE ACCRUAL TOTALS AS OF ____________	
SICK LEAVE	PERSONAL HOLIDAY	SICK LEAVE ____________	PERSONAL HOLIDAY ____________
VACATION (PER CBA & Title V)	HOLIDAY CREDITS/CTO	VACATION ____________	HOLIDAY CREDITS/CTO ____________

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

PREGNANCY DISABILITY LEAVE MATERNITY (PARENTAL LEAVE) (PER CBA)

NON-INDUSTRIAL DISABILITY INSURANCE (NDI) (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

CATASTROPHIC LEAVE DONATION PROGRAM

Leave program requires all leave accruals to be exhausted and Approval by Director of Human Resources on the Catastrophic Leave Option Form

ORGAN DONOR LEAVE

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

EXPANSION OF FML MILITARY: ______ WOUNDED SERVICE MEMBER ______ QUALIFYING EXIGENCY

PARENTAL (PATERNITY) ADOPTION/*FOSTER CARE (*PER CBA)

- *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 usage 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 action per 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 ____________________

Department will be notified after the Director of Human Resources has reviewed this request.

Department Chair/Manager Print ____________ Signature ____________ Date ____________

Dean/Department Manager Print ____________ Signature ____________ Date ____________

Assoc. Vice President of HR ______________________ Date ____________ Approved Denied BENEFITS MGR ____________

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: ____________