MEDICAL LEAVE APPLICATION CALIFORNIA STATE UNIVERSITY, FRESNO - HUMAN RESOURCES P 559.278.2032						
SECTION 1. EMPLOYEE INFORMATION F 559.278.4275						
EMPLOYEE NAME		FRESNO STATE ID#				
HOME/CELL PHONE		DEPARTMENT				
MAILING ADDRESS		MANAGER/ADMINISTRATOR				
		CSU CLASSI Staff	FICATION Faculty MPP/Confider	ntial Unit11		
CURRENT TIMEBASE/PAY PLAN	EMPLOYMENT STATUS		Paculty with a CSU/St			
FT AY 10/12	TENURED		YES NO			
PT 12 MTH 11/12	PERMANENT	HUMAN RE	SOURCES CONTACT			
Are you on an "Alternative" Work Schedule?	TEMPORARY					
YES NO	PROBATIONARY		PHONE NUMBER			
	SECTION 2. LEAVE	REQUEST				
LAST DAY PHYSICALLY WORKED	ESTIMATE	D START DAT	E ESTIMATED END [DATE		
FML EFFECTIVE DATE			E APPROVED END I			
PAID COMBINATION OF PAID	_	10				
	AVE FROM1					
	AN ALTERNATE WU		E? NO YES			
SECTION 3. USAGE OF LEAVE CREDIT IS	S DETERMINED BY THE CE	BA (if applicab	le), CSU, FEDERAL & STATE LEAVE F	PROGRAMS/POLICIES		
USING LEAVE CREDITS BE	ELOW	ESTIMAT	TED LEAVE ACCRUAL TOTALS AS OF	F		
SICK LEAVE	PERSONAL HOLIDAY		PERSONAL HOLIDA			
VACATION (PER CBA & TITLE V)						
SECTION 4 LEAVE PROCEAMS REQUIR						
SECTION 4. LEAVE PROGRAMS REQUIR	RE ADDITIONAL DOCUMEN	ITATION AND	MAY RUN CONCURRENTLY			
PREGNANCY DISABILITY LEAVE			MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY	INS. (NDI PER CBA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATER)	NITY, ADOPTION/*FOSTER CA	RE (*PER CBA))	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA	INS. (NDI PER CBA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT	RE (*PER CBA)) S ACT(CFRA)	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE	INS. (NDI PER CBA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C	RE (*PER CBA)) IS ACT(CFRA) CARE	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA)	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by umily member care, the usage of	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA)	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERN FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by umily member care, the usage of	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA)	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o & Appropriate Administrator.	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML:	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERN FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by umily member care, the usage of	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML:	INS. (NDI PER CBA) ATION PROGRAM		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA for	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o Appropriate Administrator. WOUNDED SEF	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider.	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. eave accruals with the exception of intermi	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA for During my leave of absence, I understand to	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C hat Human Resources will entonsation will be determined by t	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. eave accruals with the exception of intermi	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA)		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA for During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave creater	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C that Human Resources will entour nsation will be determined by to soff (for 10/12 and 11/12 emp edits, CalPERS service credit of	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave the type of leave loyees) may be a or other salary in	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. eave accruals with the exception of intermi . affected by this leave. acreases may be affected by this leave and	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave cre Prior to reporting to work, I must provide H	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C that Human Resources will entour nsation will be determined by to soff (for 10/12 and 11/12 emp edits, CalPERS service credit of	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave the type of leave loyees) may be a or other salary in cal release from r	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. eave accruals with the exception of intermi affected by this leave. Increases may be affected by this leave and my doctor if I am on a full or partial medical	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave cre Prior to reporting to work, I must provide H	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o & Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C that Human Resources will enter nsation will be determined by t as off (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave the type of leave loyees) may be a or other salary in cal release from r	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. eave accruals with the exception of intermi affected by this leave. Increases may be affected by this leave and my doctor if I am on a full or partial medical	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fa During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave or I understa	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o & Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C that Human Resources will enter nsation will be determined by t as off (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave loyees) may be a or other salary in al release from r if this leave that l	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. affected by this leave. Bay affected by this leave and affected by this leave. Bay affected by this leave and affected by this leave. Bay affected by this leave and by affected by this leave. Bay affected by this leave.	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave crite Prior to reporting to work, I must provide H I understa	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o & Appropriate Administrator. WOUNDED SEF or 15 days pending receipt of C that Human Resources will entor nsation will be determined by to soff (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic and the terms and conditions o ACKNOWLEDGME	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of Here the type of leave loyees) may be a or other salary in tal release from r f this leave that I	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. affected by this leave. Bay affected by this leave and affected by this leave. Bay affected by this leave and affected by this leave. Bay affected by this leave and by affected by this leave. Bay affected by this leave.	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave crite Prior to reporting to work, I must provide H I understa Employee Signature Department with	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by amily member care, the usage o & Appropriate Administrator. WOUNDED SEF OF 15 days pending receipt of C that Human Resources will enter nsation will be determined by t ns off (for 10/12 and 11/12 emp edits, CaIPERS service credit of luman Resources with a medic and the terms and conditions o ACKNOWLEDGME	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of He er my usage of leave. loyees) may be a or other salary in cal release from r f this leave that I	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. care accruals with the exception of intermity. 	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during montf My health benefits, service credit, leave cr Prior to reporting to work, I must provide H I understa Employee Signature Department Chair/Manager Print	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF WOUNDED SEF or 15 days pending receipt of C that Human Resources will enter nsation will be determined by t ns off (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic and the terms and conditions o ACKNOWLEDGME	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H- er my usage of leave. loyees) may be a or other salary in al release from r if this leave that I ENT OF LEAVE DC. Vice Presid Signature	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. arreases may be affected by this leave and my doctor if I am on a full or partial medical am requesting. Date REQUEST Lent of HR has reviewed this request. Date	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during month My health benefits, service credit, leave crite Prior to reporting to work, I must provide H I understa Employee Signature Department with	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF WOUNDED SEF or 15 days pending receipt of C that Human Resources will enter nsation will be determined by t ns off (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic and the terms and conditions o ACKNOWLEDGME	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of He er my usage of leave. loyees) may be a or other salary in cal release from r f this leave that I	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. care accruals with the exception of intermity. 	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		
PREGNANCY DISABILITY LEAVE PARENTAL LEAVE (MATERNITY, PATERI FAMILY&MEDICAL LEAVE (FML)&C SELF BIRTH OF CHILD FAMILY MEMBER If requesting to use sick leave accruals for fa must be mutually agreed upon by Employee a Appropriate Administrator EXPANSION OF FML MILITARY I will be placed on a PROVISIONAL FMLA fo During my leave of absence, I understand t If leave of absence is approved, my compe If applicable, my residual pay during montf My health benefits, service credit, leave cr Prior to reporting to work, I must provide H I understa Employee Signature Department Chair/Manager Print	NITY, ADOPTION/*FOSTER CA ALIFORNIA FAMILY RIGHT ADOPTION/FOSTER C (As defined by mily member care, the usage o Appropriate Administrator. WOUNDED SEF WOUNDED SEF or 15 days pending receipt of C that Human Resources will enter nsation will be determined by t ns off (for 10/12 and 11/12 emp edits, CalPERS service credit of luman Resources with a medic and the terms and conditions o ACKNOWLEDGME	RE (*PER CBA)) TS ACT(CFRA) CARE FMLA) of sick leave RVICE MEMBE Certification of H er my usage of leave. loyees) may be a or other salary in al release from r f this leave that l ENT OF LEAVE bc. Vice Presid Signature Signature	MAY RUN CONCURRENTLY NON-INDUSTRIAL DISABILITY CATASTROPHIC LEAVE DONA ORGAN DONOR LEAVE EDUCATION CODE MATERNIT (CSUEU, C99, E99, MPP,SET NON-FML: R QUALIFYING EXIGENCY ealth Care Provider. arreases may be affected by this leave and my doctor if I am on a full or partial medical am requesting. Date REQUEST Lent of HR has reviewed this request. Date	INS. (NDI PER CBA) ATION PROGRAM TY LEAVE (ECML) TC & SUPA) ittent leaves.		

EMPLOYEE NAME

FRESNO STATE |D#

----HUMAN RESOURCES ONLY----

HR Analyst:

 $\ensuremath{\mathsf{Process}}\xspace$ form reviewed with employee

Approved Certification Received

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