



LEAVE OF ABSENCE REQUEST FORM

Initial Application Amendment to LOA Request Original Date of Leave _____

Employee Name: _____ Emp ID: _____

Home Phone Number: _____ Today's Date: _____

Full Address: _____

Personal Email Address: _____

Department: _____ Job Title: _____

Request Leave Begin Date: _____ Request Leave Return Date: _____

Continuous Leave – unable to work during leave Reduced Schedule Leave – regularly scheduled hours reduced for a specific time period
 Intermittent Leave – time taken (hours, days) on an interrupted basis for a specified time period

Reason for Leave:

- *Your own illness (not work related)
 - Illness/Injury (work related)
 - *Organ Donation
 - Personal Leave
 - Care for a newborn/adopted child – Date of Birth/Placement: _____
 - *Care for injured parent/spouse/child/next of kin who is a service member – Military Leave
 - *Care for ill parent/spouse/domestic partner/child
 - *Pregnancy Disability
 - *Bone Marrow Donation
 - Qualifying Exigency arising from parent/spouse/child on active duty
- *Medical Certification Form should be completed and returned with this form**

Payment of wages while on leave shall be submitted in accordance with CDU policy. If you will be applying for State Disability, you must notify the Department of Human Resources immediately.

- I will be applying for State Disability or Paid Family Leave I am ***not*** applying for State Disability/PFL
- I do not wish to use any of my vacation, personal, or sick balances while on leave
- I wish to have the following **available** hours of accruals applied during the applicable listed pay period(s):

_____ hours of Vacation Time
_____ hours of Personal Time
_____ hours of Sick Time

Please circle the corresponding pay periods: 01/15, 01/31, 02/15, 02/28, 03/15, 03/31, 04/15, 04/30, 05/15, 05/31, 06/15, 06/30, 07/15, 07/31, 08/15, 08/30, 09/15, 09/30, 10/15, 10/31, 11/15, 11/30, 12/15, 12/31

Employee Signature: _____ Date: _____

Dept/Unit Director Name: _____

Requirement for Exempt Employees to Request Written Approval to Retain Computer & Email Access during a Continuous Leave of Absence.

I understand that as an employee on leave such as FMLA, CFRA, etc., I should not be performing employment services therefore CDU requires all access be suspended for employees on continuous leave. As such, I will comply with the stated requirement and understand that I will not have access to emails or voicemails during my leave. Should I request an exemption to this policy, I understand that I must receive written authorization from upper management and Human Resources prior to my leave beginning.

Employee Signature: _____ Date: _____

This request should be submitted to the Department of Human Resources for final approval/review. Leave Request may be delayed if HR does not receive this form as soon as possible.



LEAVE OF ABSENCE REQUEST FORM

THIS SECTION TO BE COMPLETED BY THE DEPARTMENT OF HUMAN RESOURCES

Designation of Leave: *Select the type(s) of leave that will apply:*

- | | | |
|----------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Family Medical Leave Act (FMLA) | <input type="checkbox"/> Organ Donation Leave | <input type="checkbox"/> California Family Rights Act (CFRA) |
| <input type="checkbox"/> Bone Marrow Donation Leave | <input type="checkbox"/> Pregnancy Disability Leave | <input type="checkbox"/> General Personal Leave |
| <input type="checkbox"/> Worker's Compensation Leave | <input type="checkbox"/> Military Leave – Next of Kin | <input type="checkbox"/> Not Qualified for Leave |

Note: *More than one leave can be marked as certain leaves may run concurrently.*

FMLA/CFRA LEAVE – Complete this area for all leaves (Circle as appropriate)

1. Employee has/has not been employed by CDU for at least 12 months (does not need to be consecutive dates). If not, the date that the employee will reach this qualification _____
2. Employee has/has not worked for CDU for at least 1,250 hours in the previous 12 months.
3. Employee has/has not used FMLA and/or CFRA leave in the previous 12 months.
If so, dates that employee used the allotted time: _____

Application of Eligible Leave Time:

Calculate the amount of leave that is available to employee for each applicable leave and enter into table

Hours	Days	Weeks	Type of Leave	Beginning Date	End Date
			Qualify as FMLA Leave under Federal Law		
			Qualify as CFRA Leave under State Law		
			Qualify as PDL under State Law		
			Qualify as General Leave under CDU Policy		
			Qualify as an Organ Donation Leave		
			Qualify as a Bone Marrow Donation Leave		
			Payment of Wages While on Leave (As of _____)	Hours Available	Hours Not Available
			Vacation		
			Sick		
			Personal		



LEAVE OF ABSENCE REQUEST FORM

Health Benefits

Employee has the following health benefit deduction(s):

	Semi-Monthly Deduction
<input type="checkbox"/> Medical	\$ _____
<input type="checkbox"/> Dental	\$ _____
<input type="checkbox"/> Vision	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
<input type="checkbox"/> Other Voluntary Insurance	\$ _____
Total	\$ _____

Charles R. Drew University of Medicine and Science will/will not subsidize benefits for employee for the first _____ days/weeks of this leave.

If employee has not returned to work by _____, COBRA will be offered to the employee to continue insurance coverage.



Requested Leave is:

Approved

Provisionally Approved**

Not Approved

Human Resources: _____ Date: _____

Human Resources Signature: _____

This form must be signed by the designated HR personnel

****Please note, if your leave is provisionally approved, that means that you are still missing information in order to designate your leave appropriately. Please follow up with the designated HR personnel to verify what documentation may be needed.**