



## FACULTY REQUEST FOR FORMAL LEAVE OF ABSENCE

Employees: Please complete all fillable fields of this form . Print the completed form and give the form to your Department Chair.  
Department Chairs: Please review, sign, and forward to the appropriate Dean/Assoc. Dean within 24 hours of receiving this form.  
Deans/Assoc. Deans: Please review, sign, and forward to Faculty Affairs within 24 hours of receiving this form.  
Faculty Affairs must notify the employee of any appropriate FML and request medical certification within 5 working days.

Employee ID	First Name	Last Name	Department	Date Initiated
<b>Contact Information While on Leave:</b>				
Address		City	State	Zip
				Phone Number

### LEAVE INFORMATION

Action	Leave Type	Leave Time Base	Leave Credits	
<input type="checkbox"/> New <input type="checkbox"/> Change* Leave Ext. Date: _____  Early Return Date: _____  <input type="checkbox"/> Cancel* *Attach copy of original leave form	<input type="checkbox"/> Medical* <input type="checkbox"/> FML Self <input type="checkbox"/> FML Family Relationship: _____ <input type="checkbox"/> Military (attach orders)  *Medical certification required **Attach evidence of due date/birth/adoption Note: 60% workload reduction is not a leave	<input type="checkbox"/> Pregnancy Disability** <input type="checkbox"/> Parental** Faculty: <input type="checkbox"/> 50 paid days <input type="checkbox"/> 60% paid reduction <input type="checkbox"/> Organ Donor Program*	<input type="checkbox"/> Full <input type="checkbox"/> Partial (For partial, provide the number of hours or WTU absent per week: _____) <input type="checkbox"/> Intermittent (Employees not taking consecutive leave, attach a work schedule )	Will you be using leave credits? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check all credits that will be used: <input type="checkbox"/> Sick <input type="checkbox"/> Vacation <input type="checkbox"/> Personal Holiday <input type="checkbox"/> CTO
<b>Dates for Leave</b> (Please specify month, day, and year)		<b>Non-Industrial Disability Insurance (NDI)</b>		
Date From:		Will you be applying for NDI? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date Through and Including:		If yes, you must exhaust your sick leave balance. If you choose to use your vacation, you must exhaust your balance. Do you elect to use your vacation credits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Expected Return to Work Date:		Will you be applying for Catastrophic Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If yes, you must exhaust all leave, credits.		

### EMPLOYEE CERTIFICATION

This is to certify that the information provided here is accurate to the best of my knowledge

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

### RECOMMENDATIONS

Position	Printed Name	Signature	Recommended? if not recommended, please attach justification
Department Chair:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dean / Assoc. Dean:			<input type="checkbox"/> Yes <input type="checkbox"/> No

FORWARD COMPLETED FORM TO FACULTY AFFAIRS FOR PROCESSING - MAILSTOP 0118 or scan & send via AA-FacultyLOA@csulb.edu

#### FOR ACADEMIC AFFAIRS USE ONLY:

Final Decision:			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employee Details:</b>		Completed by: _____ Date Complete: _____	
Employee Class: _____	Sick Bal: _____	Comments: _____	
Next Review: _____	FTE: _____		
Tenured - TT - Lect - FERP - Other: _____			

The first page of these materials must be completed and returned. The remaining pages are for information purposes only and should be kept by the faculty member.

## Description of Serious Health Condition

### Hospital Care

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

### Absence Plus Treatment

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider.

### Pregnancy

Any period of incapacity due to pregnancy, or for prenatal care. (NOTE: An employee's own incapacity due to pregnancy is covered as a serious health condition under FMLA but not under CFRA.)

### Chronic Conditions Requiring Treatment

A chronic condition which:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under direct supervision of a health care provider;
- Continues over an extended period of time (including recurring episodes of a single underlying condition); and may cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

### Permanent/Long-term Conditions Requiring Supervision

A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal stages of a disease.

### Multiple Treatments (Non-Chronic Conditions)

Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), kidney disease (dialysis).

## EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY AND MEDICAL LEAVE ACT

### Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- for incapacity due to pregnancy, prenatal medical care or child birth;
- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son, daughter or parent, who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

### Military Family Leave Entitlements

Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is: (1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\*; or (2) a veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness.\*

**\*The FMLA definitions of “serious injury or illness” for current servicemembers and veterans are distinct from the FMLA definition of “serious health condition”.**

### **Benefits and Protections**

During FMLA leave, the employer must maintain the employee’s health coverage under any “group health plan” on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee’s leave.

### **Eligibility Requirements**

Employees are eligible if they have worked for a covered employer for at least 12 months, have 1,250 hours of service in the previous 12 months\*, and if at least 50 employees are employed by the employer within 75 miles.

**\*Special hours of service eligibility requirements apply to airline flight crew employees.**

### **Definition of Serious Health Condition**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

### **Use of Leave**

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer’s operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

### **Substitution of Paid Leave for Unpaid Leave**

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer’s normal paid leave policies.

### **Employee Responsibilities**

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer’s normal call-in procedures. Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

### **Employer Responsibilities**

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees’ rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee’s leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

## **Unlawful Acts by Employers**

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA; and
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

## **Enforcement**

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

**FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulation 29 C.F.R. § 825.300(a) may require additional disclosures.**

**For additional information:** 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627 [www.wagehour.dol.gov](http://www.wagehour.dol.gov)

## **State of California "NOTICE B": FAMILY CARE AND MEDICAL LEAVE AND PREGNANCY DISABILITY LEAVE**

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with your employer and have worked at least 1,250 hours in the 12-month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 workweeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.

Even if you are not eligible for CFRA leave, if disabled by pregnancy, childbirth or related medical conditions, you are entitled to take pregnancy disability leave (PDL) of up to four months, or the working days in one-third of a year or 17½ weeks, depending on your period(s) of actual disability. Time off needed for prenatal or postnatal care; doctor-ordered bed rest; gestational diabetes; pregnancy-induced hypertension; preeclampsia; childbirth; postpartum depression; loss or end of pregnancy; or recovery from childbirth or loss or end of pregnancy would all be covered by your PDL.

Your employer also has an obligation to reasonably accommodate your medical needs (such as allowing more frequent breaks) and to transfer you to a less strenuous or hazardous position if it is medically advisable because of your pregnancy.

If you are CFRA-eligible, you have certain rights to take BOTH PDL and a separate CFRA leave for reason of the birth of your child. Both leaves guarantee reinstatement to the same or a comparable position at the end of the leave, subject to any defense allowed under the law. If possible, you must provide at least 30 days advance notice for foreseeable events (such as the expected birth of a child or a planned medical treatment for yourself or a family member). For events that are unforeseeable, you must notify your employer, at least verbally, as soon as you learn of the need for the leave.

Failure to comply with these notice rules is grounds for, and may result in, deferral of the requested leave until you comply with this notice policy.

Your employer may require medical certification from your health care provider before allowing you a leave for:

- o your pregnancy;
- o your own serious health condition; or
- o to care for your child, parent, or spouse who has a serious health condition.

See your employer for a copy of a medical certification form to give to your health care provider to complete.

When medically necessary, leave may be taken on an intermittent or a reduced work schedule. If you are taking a leave for the birth, adoption or foster care placement of a child, the basic minimum duration of the leave is two weeks and you must conclude the leave within one year of the birth or placement for adoption or foster care.

Taking a family care or pregnancy disability leave may impact certain of your benefits and your seniority date. Contact your employer for more information regarding your eligibility for a leave and/or the impact of the leave on your seniority and benefits. This notice is a summary of your rights and obligations under the Fair Employment and Housing Act (FEHA). The FEHA prohibits employers from denying, interfering with, or restraining your exercise of these rights. For more information about your rights and obligations, contact your employer, visit the Department of Fair Employment and Housing's Web site at [www.dfeh.ca.gov](http://www.dfeh.ca.gov), or contact the Department at (800) 884-1684. The text of the FEHA and the regulations interpreting it are available on the Department's Web site.