



**FACULTY REQUEST
PERSONAL OR PROFESSIONAL LEAVE OF ABSENCE**

| Office of Faculty Affairs | BH-276 | Ph: 562/985-1742 | Fax: 562/985-1680 | Email: AA-FacultyLOA@csulb.edu |

1) Date of Request: ____/____/____

EMPLOYEE INFORMATION

2) Faculty Name

3) Campus ID (9-digits)

4) Department/College

5) Employment Status

- Tenured Tenure-track Lecturer
- FERP Participant Other

LEAVE INFORMATION

6) Reason(s) for Request:

- Personal Professional

Purpose for Request: _____

(Attach any additional information to e-mail submission)

CFA/CSU MOU:

For Personal Leaves of Absence Without Pay

22.8 Personal leaves of absence without pay may be granted by the President. A personal leave of absence without pay may be for purposes of unpaid sick leave, outside employment, parental, family care leave, or other purposes of a personal nature. Faculty unit employees on a personal leave without pay shall not accrue service credit toward sabbatical eligibility, difference in pay eligibility, service salary increase eligibility, or seniority except as provided in provisions 22.22 and 22.23 of this Article.

Professional Leaves of Absence Without Pay

22.24 Professional leaves of absence without pay may be requested by an employee and may be granted by the President. A professional leave of absence without pay may be for purposes of research, advanced study, professional development, or other purposes of benefit to the campus. Such leaves shall be considered totally voluntary, and for the purpose of workers compensation, the time involved shall not be considered time worked.

22.25 A faculty unit employee on a leave of absence without pay for professional purposes shall, when otherwise eligible, accrue service credit toward sabbatical eligibility, difference in pay eligibility, service salary increase eligibility and seniority. Such accrual of service credit toward sabbatical eligibility and difference in pay eligibility shall be for a maximum of one (1) year per sabbatical eligibility period. Such accrual of service credit toward service salary increase eligibility shall be for a maximum of one (1) year per professional leave of absence without pay and extensions thereof. Such accrual of service credit shall be forfeited whenever the President has determined the conditions of the leave were not met.

7) Absence Information:

- Full Leave
- Partial Leave

Indicate requested workload reduction:
of units _____ or % of time base _____

Period of Absence:

- Full Academic Year – AY ____/____
- Semester Only: Fall ____ OR Spring ____

If not requesting full semester/year:

Leave Start Date: ____/____/____

Return-to-Work Date: ____/____/____

8) Insurance Continuation During Leave of Absence Without Pay

A faculty unit employee on a leave of absence without pay for more than fifteen working days may opt to continue health and dental benefits at his/her own expense. The employee shall be responsible for direct payment of the total premium (employer and employee share) amount to the respective carrier in accordance with the existing procedures for direct payment.

Do you wish to continue these insurances? (check "yes," "no" or "N/A" for each plan)

- Medical: Yes No N/A
- Dental: Yes No N/A
- Vision: Yes No N/A

TENURE-TRACK FACULTY ONLY

9) Extension of Probationary Period

Probationary faculty on an unpaid leave of absence may request a postponement of their RTP evaluation for the academic year in which they have been granted leave under Articles 13.7 and 13.8 of the CSU/CFA Collective Bargaining Agreement. Should your request for leave be granted, please indicate if you wish to postpone your evaluation. This will extend your probationary period for one year and work completed during the academic year will not count towards future evaluations including tenure.

Do you wish to extend your probationary period?

Yes No

REQUEST SUBMISSION PROCESS

Route this form for review as follows:

- i. Complete this form electronically. Submit the completed form via email to department chair for consideration.
- ii. Department chair forwards response and faculty member’s request via email to dean/administrator for consideration.
- iii. Dean/administrator forwards response and faculty member’s request via e-mail to AA-FacultyLOA@csulb.edu for final determination.

The Office of Faculty Affairs provides a written response to the faculty’s request via their CSULB e-mail address.

DEPARTMENT RECOMMENDATION

For professional leaves, please indicate how the leave would benefit the campus per Article 22.24 of the CFA/CSU MOU.

Comments:

Recommend Do Not Recommend

Department Chair Signature

Date

COLLEGE RECOMMENDATION

For professional leaves, please indicate how the leave would benefit the campus per Article 22.24 of the CFA/CSU MOU.

Comments:

Recommend Do Not Recommend

Administrator/Dean/Associate Dean Signature

Date