



FACULTY REQUEST PERSONAL OR PROFESSIONAL LEAVE OF ABSENCE

| Office of Faculty Affairs | BH-303 | 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)

7) Absence Information:

- Full Leave
- Partial Leave

Indicate requested workload reduction:
of units _____ or % of timebase _____

Period of Absence:

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

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

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 college dean for consideration.
- iii. College dean forwards response and faculty member's request via e-mail to aa-facultyLOA@csulb.edu for final determination.
- iv. The Office of Faculty Affairs provides a written response to the faculty's request via e-mail and U.S. postal mail. University correspondence will be sent to faculty's mailing address listed in MyCSULB.