

California State University, Sacramento
LEAVE OF ABSENCE WITHOUT PAY REQUEST FORM (for Staff and MPP employees)

EMPLOYEE: Before completing #s 1 – 5 below, please note the following:

FAMILY CARE AND MEDICAL LEAVE (FMLA)

If you have been employed as a California State employee for twelve (12) months or more and the leave you are requesting is:
 _ to care for your child after birth, or placement for adoption or foster care;
 _ to care for your spouse, son, daughter, parent, or domestic partner who has a serious health condition; or
 _ for a serious health condition that makes you unable to perform your job.
 ...you may qualify for FMLA. **Contact the Disability Leaves Office (X83522) IMMEDIATELY.**

1. Name of Employee: _____ Employee ID: _____
 Department: _____ Campus Zip: _____ Work Phone: x _____
 Classification: _____ Regular Time Base: _____ % Bargaining Unit/MPP _____
 2. Date of requested leave of absence without pay from: ____/____/____ to ____/____/____
First day on full (or partial) leave of absence Return to work date
 3. Type of Leave: Full leave of absence without pay
 Partial leave of absence without pay (percentage of time base reduction: _____ %)
 4. Reason for Leave: _____

5. I am aware that the terms and conditions of my employment may be affected by this leave. I understand that:

- My benefits will cancel if my time base falls below half-time for more than 30 days, and that I am required to contact the Benefits Office at 86213 no later than the last day of non-pay status to authorize direct payment of my benefits;
- I will have the right to return to my former position or a position within my classification upon expiration of this leave;
- I may not return to my regular time base prior to the expiration date of this leave without written approval of the President; and
- My residual pay during months off (for 10/12 and 11/12 employees) will be affected by this leave.

It will be my responsibility to contact HUMAN RESOURCES/ PAYROLL/ BENEFITS OFFICE for more information regarding these matters.

Employee Signature: _____ Date: _____

Direct Supervisors and Administrators Please Note: Provisions regarding leave eligibility and conditions are available on the 2nd page of this document. Contact Employment Services x86326 if you have any questions or concerns.

DIRECT SUPEVISOR: I have reviewed departmental needs and the leave request and therefore recommend:

Approval of Leave Denial of Leave

(Print/type name)	Direct Supervisor's Signature	Title	Date

APPOINTING AUTHORITY: I have taken into consideration the needs of the University, the direct supervisor's recommendation and relevant collective bargaining agreements and hereby:

Approve this request for leave of absence without pay. Deny this request for leave of absence without pay.

(Print/type name)	HEERA Designated Administrator's Signature	Title	Date

PROCESSING INSTRUCTIONS:

- 1) Send the original of this completed form along with a Payroll Transaction Form (PTF) to:
For Staff and MPP Employees: Employment Services, Del Norte Hall 3009, Zip 6032
- 2) Send a copy to the employee.
- 3) At the end of the leave, the employee's department must submit a Payroll Transaction Form (PTF) to Employment Services to return the employee to active status. If the employee wishes to request an extended leave, and the initial leave is less than one year, a new Leave of Absence Without Pay form must be completed prior to the expiration date.

REQUEST FOR LEAVE OF ABSENCE WITHOUT PAY

Determining Leave Eligibility

The **Leave of Absence Without Pay Request Form** is designed for a staff employee to request a formal leave of absence without pay that does not qualify for Family Care and Medical Leave (*as defined on request form*).

A formal leave of absence is defined as a leave without pay that exceeds 15 work days. An informal leave is a leave without pay of 14 working days or less which must be reported as docked time to the timekeeper prior to Dock Cut-Off (Refer to Pay period Calendar for Dock Cut Off dates) and the monthly Absence and Excess Hours worked Report (Form PR 54) must be submitted to the Payroll Office by the department timekeeper.

For represented staff employees, the eligibility requirements for leaves without pay are provided by the applicable collective bargaining agreement. Eligibility for service credit while on a leave of absence without pay is defined by the applicable collective bargaining agreement. Leave eligibility for MPP employees is defined by the California Code of Regulations, Title 5. These documents define the required status of the employee and the maximum allowable duration of the leave. Below is a summary of leave provisions. Also provided are the corresponding articles under which the provisions for a leave without pay are found. http://www.calstate.edu/LaborRel/Contracts_HTML/contracts.shtml

Summary of Eligibility

EMPLOYEE CATEGORY	LEAVE OF ABSENCE WITHOUT PAY PROVISIONS	PERMANENT EMPLOYEE		TEMPORARY EMPLOYEE		DURATION OF LEAVE
		FULL-TIME	PART-TIME	FULL-TIME	PART-TIME	
Unit 1 – Union of American Physicians & Dentists (UAPD)	<u>Article 16.1</u>	Eligible	Eligible	Not Eligible	Not Eligible	One (1) year maximum
Units 2, 5, 7, & 9 – California State University Employees Union (CSUEU)	<u>Article 16.1</u>	Eligible	Eligible	Eligible	Not Eligible	One (1) year maximum
Unit 4 – Academic Professionals of California (APC)	<u>Article 22.1</u>	Eligible	Eligible	Eligible	Not Eligible	One (1) year maximum
Unit 6 - State Employees Trades Council (SETC)	<u>Article 19.3</u>	Eligible	Eligible	Not Eligible	Not Eligible	One (1) year maximum
Unit 8 – Statewide University Police Association (SUPA)	<u>Article 23.2</u>	Leaves shall be granted at the sole discretion of the campus President for purposes and lengths of time the President deems appropriate.				
Unit 11 – Academic Student Employees (UAW)	<u>Leave of Absence Article 14</u>	Appropriate administrator determines if such a leave will be granted and the conditions of the leave.				
Management Personnel Plan (MPP)	<u>Leave of Absence Without Pay section (per Title 5 §43100)</u>	Campus President may approve leaves for periods not to exceed a total of two years.				