

San Jose State University Foundation

REQUEST FOR A LEAVE OF ABSENCE

Note: A Personnel Action/Appointment Form must be submitted to HR at the onset of the leave and upon employee's return.

DATE: _____

NAME: _____

DEPT./PROGRAM: _____

ACCT.#: _____

LEAVE PERIOD REQUESTED: From: _____

To: _____

TYPE OF LEAVE REQUESTED:

- Personal Leave
- Maternity leave
- Pregnancy Disability
- Baby Bonding/ date of birth or adoption
- Medical Leave
 - Own serious medical condition (non-pregnancy related)
 - Care for spouse, parent or child with serious medical condition (specify relationship): _____.
- Foster care or adoption of a child
- Other (specify) _____

- I request full time absence during leave
- I request reduced schedule during leave:
(specify): _____
- I request intermittent absences during leave
(specify): _____
(Make sure to read the Foundation Leave of Absence policy as well as the material in your Leave of Absence package).

ADDRESS WHILE ON LEAVE:

Tel #: _____
E-mail: _____

VACATION AND SICK TIME PAY DURING LEAVE

Note: If you have any accrued, unused vacation or sick time, you may request to be paid for those hours during your leave. However, if you file for State Disability Insurance (SDI), your SDI checks may be offset by the amount of money you get paid from your accrual balance.

If you wish to buy back your vacation and sick time hours, you must send your SDI checks to HR. Your pay will be adjusted to reflect the difference between your SDI benefit and your Foundation pay.

Note: Health Insurance premiums for Personal Leaves over 30 days are the responsibility of the employee.

- I request **Vacation Pay** during leave at the rate of _____ hours per pay period.
- I do not wish to have any vacation time pay during my leave
- I request **Sick Time Pay** during leave at the rate of _____ hours per pay period
- I do not wish to have any sick time pay during my leave

Please note: While on leave you will not be accruing any vacation or sick time. You will begin accruing again upon your return.

EMPLOYEE SIGNATURE: _____

DATE: _____

Please give this form to your Director/Manager for their recommendation (back page) and submittal to HR. Upon HR approval you will receive a signed copy of this request for your records.

It is understood that when a Leave of Absence is approved, the department/project will make every effort to reinstate the employee in the same position upon his/her return.

If the employee is eligible for a leave under the FMLA/CFRA, or California Pregnancy Disability Leave laws, the employee is guaranteed to return to his/her previous position or an equivalent one, given that he/she returns at the end of the time allowable by law (12 weeks for FMLA and CFRA; 16 weeks for PDL). If the requested leave is for a longer period of time, the employee's Director may make a recommendation to the Director of HR to maintain the position for the employee upon his/her return.

DEPARTMENTAL DIRECTOR/PROJECT DIRECTOR/MANAGER'S RECOMMENDATION

APPROVE

- Recommending keeping the position for the employee upon return on designated date
- Cannot recommend keeping the position for the employee beyond the legally allowable leave duration

DO NOT APPROVE

Please give reason for not recommending approval:

DEPT or PROJECT DIRECTOR/MANAGER'S SIGNATURE: _____

DATE: _____

FOR HR USE ONLY:

Employee eligible for a leave under: FMLA (12 wks), CFRA, (12wks) CPDL, (16 wks) Paid FMLA (6 wks)

Leave will expire on (date): _____

Leave duration will start on the first day of employee's leave.

Employee not eligible for any of the above leaves, but is eligible for an unpaid leave of absence in accordance with the SJSUF policies. Such leave does not carry any guarantee of one's job upon return, but every effort will be made to return the employee to his previous position or an equivalent one.

Employee has _____ accrued, unused Vacation Time hours

Employee has _____ accrued, unused Sick Time hours

LEAVE APPROVED

LEAVE IS NOT APPROVED for the following reason:

ADDITIONAL COMMENTS: _____

DIRECTOR OF HR SIGNATURE: _____

DATE: _____

Procedure for Request for a Leave of Absence

What To Do When An Employee Wishes To Take An Unpaid Leave:

When an employee wishes to take an unpaid leave of absence: call the Foundation HR benefits coordinator (408-924-1410) to request a L.O.A. packet. In most cases, this needs to be done thirty days prior to taking a leave. In cases of emergency, this should be done as soon as practically possible. Note: the forms with an asterisk can be located on our web site www.sjsufoundation.org

Employee's Responsibilities

1. Complete the following forms:
 - a) Request For A Leave of Absence*
 - b) Agreement to Reimburse*, if this is a medical leave
 - c) Agreement to Pay Premiums*, if this is a personal leave for more than 30 days
 - d) Non-Academic Appointment form*
2. Once all forms are completed, you will need your supervisor's approval signature and date.
3. For all medical leaves, a note from your doctor must accompany the request. This note must be on the physician's letterhead. This applies to a serious medical condition for you or for immediate members of your family.
4. If you are requesting to use sick or vacation pay, you will need to submit timesheets for the days you wish to be paid by the Foundation.

Other information in the L.O.A. packet:

1. State Disability Insurance Provisions, pamphlet
2. The Time You Need For Time Like These, pamphlet
3. Medical Leave of Absence Notice
4. San Jose State University Foundation Family Care and Medical Leave (CFRA Leave) Pregnancy Disability Leave and Family and Medical Leave Act information about sheet.
5. Copy of the employee handbook section of "Leave of Absence Without Pay"
6. EDD Claim for State Disability Insurance (SDI) Benefits

Returning From a Leave

When you return to work, you will need a new Non-Academic Appointment form that will change your status, in our internal systems from a "Leave of Absence" to "Active" status. If your leave was for a serious medical reason, you will need a new doctor's note (on physician letterhead) stating that you are able to return to work to full time/ part time, work with or without restrictions. You must return for a least 30 business days in order to complete your conditions on the medical reimbursement form.

If after reading these instructions and you still have questions, PLEASE feel free to call Debbie Jacques-Hill at 408-924-1410.