



5500 University Parkway, San Bernardino, CA 92407
HR Benefits Department- SH, Rm. 113

Leave Request Form

Employee Name: _____ Coyote ID #: _____

Mailing Home Address: _____

Title: _____ Department: _____

Bargaining Unit: _____ Supervisor's Name: _____

Mobile Number: _____ Campus Ext.: _____

Requested Start Date: _____ Anticipated Return Date: _____

Last Day Worked: _____ Intermittent Leave: _____

Reason for Request:

- Your own serious health condition
- To care for your ___ spouse; ___ child; ___ parent due to his/her serious health condition
- Birth of a child, or placement of a child with you for adoption or foster care
- Pregnancy Disability Parental Leave
- Work-Incurred Injury or Illness
- Qualifying Military Exigency
- To care for an Armed Forces Service Member due to his/her serious health condition

****Medical Certification is required if your leave is due to your own serious health condition, care for an immediate family member or a work-related injury or illness. Please have your Physician complete the Certification of Health Care Provider form and return it to the HR Benefits Department **within 15 days** of your requested leave. Approval of your leave may be denied or withheld until you comply with the certification requirements. **Prior to returning to work**, you will be required to present a "Fitness for Duty" certificate/ medical release if the leave is due to your own health condition.****

I have read and understand the attached Notice of Family and Medical Leave Rights and Responsibilities. (Please sign page #3 as well).

Employee's Signature: _____ Date: _____

Please read pages 2 & 3 for further information.

Family and Medical Leave Notice of Your Rights and Obligations

California State University, San Bernardino will provide family and medical leave to eligible employees in accordance with the federal Family and Medical Leave Act of 1993 (FMLA), the California Family Rights Act of 1993 (CFRA) and applicable Memorandum of Understanding (MOU) agreement. This notice sets forth your rights and obligations under the FMLA. If you are eligible for family and medical leave and the time away from work that you have requested qualifies, up to 12 weeks will be counted against your annual FMLA entitlement of 12 weeks in a 12-month period (up to 26 weeks of leave to care for a covered service member is available during a single 12-month period). The CFRA mirrors the FMLA and runs concurrently with the FMLA. IDL also runs concurrently with the FMLA.

Eligibility

Under the CSU policy, all full-time and part-time employees (excluding student employees) employed for at least one academic year or 12 months (not necessarily continuously) preceding the leave are eligible. The definition of “employment” includes employment at all CSU campuses as well as other California State employment, service in the National Guard or Reserve military duty.

Student employees are eligible but must be employed for at least one year (not necessarily continuously) AND must have worked at least 1,250 hours in the 12 months preceding the leave.

Qualifying Reasons

The CSU will grant an eligible employee up to a total of 12 weeks of unpaid leave in a 12 month period for one or more of the following reasons:

- birth of a son or daughter and to care for the newborn child;
- to care for a child following placement with the employee for adoption or foster care
- to care for an immediate family member (spouse, child, domestic partner or parent – *but not a parent-in-law*) with a serious health condition;
- when the employee is unable to work because of a serious health condition

The CSU will grant eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status up to 12 weeks of their 12 leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions and attending post-deployment reintegration briefings.

The CSU will grant eligible employees up to 26 weeks of leave to care for a covered service member during a single 12-month period. A covered service member is (1) a current member of the Armed Forces, including the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active that may render the service member medically unfit to perform his or her duties for which the service member is undergoing medical treatment, recuperation, therapy; or is in an outpatient status; or is on the temporary disability retired list or (2) a veteran who was discharged or released within the prior five-year period and is undergoing medical treatment for a serious injury or illness.

Length of Leave

The FMLA allows you to take up to 12 workweeks of leave during a 12-month period for certain family and medical reasons. Family Medical Leave (FML) can be taken on an intermittent basis or on a reduced work schedule when medically necessary for a serious health condition. However, you must attempt to schedule medical appointments at times that will avoid disrupting your department’s operations. Written documentation, stating the dates and hours taken, must be submitted to HR by the following Monday to be counted as FML time. The absences must also be noted in Absence Management as “FML Absence” in the “comments” section.

Leave to care for a wounded service member is available only during a single 12 month period and is combined with all other FMLA leaves in that period, resulting in a maximum total leave entitlement of 26 weeks. Leave related to a “qualifying exigency” is reduced by leave for any other qualifying event during the 12-month period.

Additional leave beyond 12 workweeks may be requested pursuant to State law if you take Pregnancy Disability Leave or pursuant to other provisions of the University’s leave policies and collective bargaining agreements (see the applicable personnel policy or collective bargaining agreement).

Intermittent Leave

You must consult with your supervisor in advance to make a reasonable effort to schedule planned treatments so that you do not unduly disrupt operations. You must also inform HR and your supervisor if your leave changes.



5500 University Parkway, San Bernardino, CA 92407
HR Benefits Department- SH, Rm. 113

Medical Certification

If your leave is due to a serious or chronic health condition (either your own or an immediate family member’s) you must submit a timely, complete and sufficient medical certification within 15 days to obtain or retain the benefit of FMLA protections. Failure to provide it may result in denial of your FMLA request. Subsequent re-certifications may also be required. Prior to returning to work, you will be required to present a “fitness-for-duty” certificate/ medical release if the leave is due to your own health condition.

Notification to Employer

When the need for FML is foreseeable such as a birth, planned medical treatment, adoption etc., you must give at least 30 days advance notice. If the need is unforeseen, you must provide as much notice as possible and abide by the college/department’s call-in policy. You must state that the reason for the absence is due to FML when calling off work.

University Designated FML Leave

The University may designate leave time as FML if the leave meets the requirements listed above, even when you do not specifically request FML.

Pay

Family and medical leave is normally an unpaid leave. However, unless you are covered by a bargaining agreement which states otherwise, your personal holiday and any accumulated sick, vacation and CTO leave credits will be used prior to placing you on unpaid leave of absence. If appropriate, accumulated sick leave may be used beyond the stated amount in the CBA if mutually agreed upon by you and the appropriate administrator. **Exempt employees** must charge leave credits **for partial day absences while on FML**.

If you have requested family and medical leave for your own serious health condition, you may be eligible for temporary disability payments under the Non-Industrial Disability Plan during your leave. If your leave is work-related, temporary disability payments will be provided under the Industry Disability Leave (IDL) or the Workers’ Compensation Temporary Disability income protection plan.

If interested in receiving Catastrophic Leave Donations you must exhaust your own leave credits, apply for NDI and Catastrophic Leave Donations and submit both in a timely fashion. The request for donations can be found on the HR website and **must be submitted while you are still disabled.**

Benefits

For the period of unpaid FML the CSU will continue to pay its portion of your medical, dental and vision premiums. An accounts receivable will be established for any employee premiums required during unpaid leave. If you wish to discontinue medical coverage during the unpaid leave, you may reinstate it upon return. If you do not return from FML, the CSU may require you to reimburse it for medical, dental and vision premiums paid on your behalf during the unpaid portion of your leave. However, no reimbursement will be required if you do not return because of a serious health condition or if you are unable to return due to circumstances that are outside your control. You must contact the vendors to continue any voluntary benefits while on an unpaid leave. Your service credit, leave credits, CalPERS service credit, salary increases and probationary period may be affected by this leave.

Reinstatement

Upon your return to work, you have the right to reinstatement to the same position or to another position with equivalent benefits, pay and conditions of employment. However, you will have no different rights than if you were actively at work rather than on leave; this exception could affect your reinstatement in the case of layoffs, for example. You are not entitled to reinstatement if your appointment end date occurs before your scheduled return date from family and medical leave.

CERTIFICATION

I certify that my answers given herein are true and complete to the best of my knowledge. I agree that any misrepresentation, false statement or omission made by me with respect to the information contained in this request for a leave of absence shall be sufficient to disqualify me from consideration. I also understand that my failure to return to work on the specified date will be considered a voluntary resignation unless I make arrangements with the Human Resources Department for an approved extension to my leave of absence in accordance with CSU policy and/or collective bargaining agreements.

I have read and understand my rights and obligations associated with the Family and Medical Leave Act.

Employee Name (print): _____ Signature: _____

Department: _____ Date: _____