

Employee Request			
If the need for a leave of absence or extension is foreseeable, this form must be submitted to your Supervisor and CSUSM Corporation's Human Resources office at least 30 days prior to the start date of the leave or the extension date.			
Print Name		Address	
Phone Numbers with <u>Area Codes</u> :	Home	Cell	Work
I request a leave of absence or an extension of a current leave (check one) for the following reason:			
<input type="checkbox"/> The birth of a child, or the placement of a child for adoption or foster care <input type="checkbox"/> A serious health condition that makes me unable to perform the essential functions of my job <input type="checkbox"/> A serious health condition being treated under Workers' Compensation <input type="checkbox"/> A serious health condition affecting my spouse, child, or parent (circle one) <input type="checkbox"/> A pregnancy-related disability (PDL) <input type="checkbox"/> Other (not covered above: attach detailed description of leave of absence reason)			
Last Day at Work		Expected Return to Work Date	
For my leave request or extension of a current leave to be considered for approval, I understand that I'm required to provide medical certification from the treating health care provider within 15 days of this notice. If no medical certification is provided, I also understand that my request may be denied or deferred until the appropriate verification is received.			
Employee Signature		Date	
Supervisor Signature and Approval		Date	Work Phone
Employer Response			
<input type="checkbox"/> Your leave/leave extension is approved and will count as leave under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). * <input type="checkbox"/> Your leave/leave extension is approved and will not count as leave under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA). <input type="checkbox"/> Your leave/leave extension is approved and will count as leave under the Family and Medical Leave Act (FMLA). * <input type="checkbox"/> Your leave/leave extension is approved and will not count as leave under the California Family Rights Act (CFRA). <input type="checkbox"/> Your leave/leave extension is denied for the following reason(s):			
Start Date		End Date	Return to Work Date
Benefits Eligibility and Pay Status			
<input type="checkbox"/> During the FMLA/CFRA qualified leave, CSUSM Corporation will continue to pay its portion of your health, dental and vision benefits for up to 12 weeks (up to 16 weeks if employee is disabled due to pregnancy). If your leave is paid and you normally pay a premium for your dependents, deductions will continue. If your leave is unpaid, and you normally pay a portion of the premium, you will need to send a check payable to CSUSM Corporation prior to the first of each month. Failure to pay the premium within 30 days from the due date may result in your coverage being cancelled. If you don't return to work at the end of your approved FMLA/CFRA leave, CSUSM Corporation may recover the full premium costs of maintaining your benefits coverage during your leave of absence. If you return to work for at least 30 calendar days, it will be considered that you have returned to work. <input type="checkbox"/> If you are <u>ineligible</u> for FMLA/CFRA, and if your leave is paid, CSUSM Corporation will continue to pay its portion of your health and dental benefits. If you normally pay a portion of the premium, deductions will continue (see above for requirement while on unpaid leave). Additionally, if you are not eligible for FMLA/CFRA and your leave is approved but unpaid, your benefits will end the last day of the month following 60 days (4 full pay periods) of unpaid leave. You may be eligible to continue your health and dental benefits through COBRA. If applicable, you will be notified separately of your COBRA rights. <input type="checkbox"/> If you expect your disability to extend beyond 90 days, you may be eligible to apply for certain additional long-term disability benefits. If application materials are not enclosed with your return copy, you are encouraged to request materials from CSUSM Corporation's Human Resources office. <input type="checkbox"/> We will require you to use any accrued but unused PTO and Vacation accruals, <u>where appropriate</u> , during the period of the leave. An unpaid leave of absence will begin once your accruals are exhausted. Your current leave accruals are shown:			
PTO Hours	Vacation Hours	Personal Holiday Hours	Other
HR Approval Signature			Date
Date completed copy sent to Employee		Date to Supervisor	

*Computation of the leave period starts with the first date covered after leave begins.