

Please complete and return to TUC HR Department. For information and questions regarding your leave please reach out to tuchr@csun.edu . For information regarding accrued vacation, sick leave, and personal time balances, please call the Payroll Department at tucpayroll@csun.edu .

Employee Information			
Employee's Name:	Request Date:	Department:	Name of Supervisor:
Current Status: <input type="checkbox"/> Regular <input type="checkbox"/> Management <input type="checkbox"/> Temporary – Expiration Date:			
Action Requested			
<input type="checkbox"/> Leave of Absence			
<input type="checkbox"/> Leave of Absence (Less than full-time) – Attach a proposed schedule			
<input type="checkbox"/> Extension of Leave of Absence			
Type of Leave Requested ***Medical certification is required for all medically-related leave requests.***			
<input type="checkbox"/> Own Serious Health Condition (NOT work-related)	<input type="checkbox"/> Work-Incurred Injury/Illness		
<input type="checkbox"/> Care for Family Member	<input type="checkbox"/> Military (attach orders)		
<input type="checkbox"/> Maternity/Paternity/Adoption (MPA)	<input type="checkbox"/> Leave Without Pay (LWOP)		
<input type="checkbox"/> Pregnancy Leave	<input type="checkbox"/> Other - Explain:		
Last Day Physically Worked	Leave of Absence Start Date:	Anticipated Date of Return:	
I understand that if I am not in paid status at least 11 days within the month, I am required to pay the employee's portion of my monthly insurance premiums.			
I authorize you to continue the following insurances during my leave:			
<u>MEDICAL</u>	<u>DENTAL</u>	<u>VISION</u>	<u>FSA</u>
<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO	<input type="checkbox"/> NO
<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA	<input type="checkbox"/> NA
<u>OTHER</u>			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
<input type="checkbox"/> NA			
Indicate the type of leave credits you wish to use and which one you would like us to use first (Example: Sick time first, vacation time second):			
<input type="checkbox"/> Sick Leave	# of Hours Available	Beginning:	Ending:
<input type="checkbox"/> Vacation Leave	# of Hours Available	Beginning:	Ending:
<input type="checkbox"/> Military Leave		Beginning:	Ending:
<input type="checkbox"/> Leave Without Pay Leave		Beginning:	Ending:
Are you coordinating additional sick time/ vacation to Disability? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Are you coordinating additional sick time/ vacation to Paid Family Leave? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Approvals and Signatures			
<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="width: 30%;"></div> <div style="width: 30%;"></div> <div style="width: 15%;"></div> <div style="width: 15%;"></div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <div style="width: 30%; text-align: center; font-size: small;">Print/Type Name of Employee</div> <div style="width: 30%; text-align: center; font-size: small;">Signature</div> <div style="width: 15%; text-align: center; font-size: small;">Date</div> <div style="width: 15%; text-align: center; font-size: small;">Extension</div> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-top: 10px;"> <div style="width: 30%;"></div> <div style="width: 30%;"></div> <div style="width: 15%;"></div> <div style="width: 15%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%; text-align: center; font-size: small;">Print/Type Name of Supervisor/Department Chair</div> <div style="width: 30%; text-align: center; font-size: small;">Signature</div> <div style="width: 15%; text-align: center; font-size: small;">Date</div> <div style="width: 15%; text-align: center; font-size: small;">Extension</div> </div>			
HR ONLY			
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>			