



The University Corporation

Research, Investments and Commercial Services
California State University, Northridge

Employee Information

Employee's Name:	Request Date:	Department:	Name of Supervisor:
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Current Status: Regular Management Temporary – Expiration Date:

Action Requested

Leave of Absence

Leave of Absence (Less than full-time) – Attach a proposed schedule

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:
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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

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 supplement disability Yes No

Approvals and Signatures

Print/Type Name of Employee	Signature	Date	Extension
Print/Type Name of Supervisor/Department Chair	Signature	Date	Extension
Print/Type Name of Director/Dean/MAR/Fin. Mgr.	Signature	Date	Extension

Please complete and return to TUC HR Department. For information and questions regarding your leave please call (818) 677-3648. For information regarding accrued vacation, sick leave, and personal time balances, please call the Payroll Department at 818 677-2939.