



**The University Corporation**  
*Research, Investments and Commercial Services*  
 California State University, Northridge

**Leave of Absence Request Form**

Employee Information			
Employee's Name:	Request Date:	Department:	Name of Supervisor:
<b>Current Status:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Probationary <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 proposed schedule			
<input type="checkbox"/> Return to Work – <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:	
<b>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.</b>			
<b>I authorize you to continue the following insurances during my leave:</b>			
<u>MEDICAL</u>	<u>DENTAL</u>	<u>VISION</u>	<u>PENSION</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
<b>Indicate type of leave credits you wish to use:</b>			
<input type="checkbox"/> Personal Holiday			
<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:
The type of leave credits requested by the employee will compensate the employee through _____ for _____ hours.			
Approvals and Signatures			
Print/Type Name of Employee	_____	Signature	_____
		Date	_____
Print/Type Name of Supervisor/Department Chair	_____	Signature	_____
		Date	_____
Print/Type Name of Director/Dean/MAR/Fin. Mgr.	_____	Signature	_____
		Date	_____
Print/Type Name of Vice Pres./President (if required)	_____	Signature	_____
		Date	_____
<b>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.</b>			