



FACULTY REQUEST FOR LEAVE OF ABSENCE

Name: _____ Phone # while on leave: _____

Department: _____ Email while on leave: _____

TYPE OF LEAVE:

- Administrative
- Baby bonding: birth parent or non-birth parent (newborn/foster/adopted child's date of birth _____)
- Caring for ill family member (attach certification of Health Care Provider form)
- Employee illness (attach certification of Health Care Provider form)
- Military
- Personal
- Pregnancy Disability Leave (attach certification of Health Care Provider form)
- Scholarly
- Other, please describe: _____

When a physician has placed an employee off work the employee is not to work in any capacity.

DATES OF LEAVE: _____ to _____

Requested intermittent or reduced work schedule: _____

Have you or will you be filing a State Disability Insurance claim? Yes No

If so, will you be coordinating those benefits with paid time off? Yes No

A leave of absence is normally leave without pay. Paid leave (accrued sick leave) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies/contracts.

I wish to use paid leave as indicated below:

_____ Hours of accrued sick to be used (begin date _____ and end date _____)

Workload Coordination: When faculty leave dates include one or more partial academic terms, a Workload Coordination plan is required.¹ Please list the faculty member's workload plan in detail below for the academic year during which the leave is being requested. Attach additional pages as necessary.

_____ Date _____	_____ Date _____
Employee signature	Supervisor/Chair signature

_____ Date _____	_____ Date _____
Dean signature	Provost signature

¹ The following examples of workload coordination are recommendations, intended to serve as guiding principles to support equitable application across the faculty and mitigate disruption of the student learning experience: additional teaching assignments in non-leave terms of the same academic year, including the summer term; use of any banked course equivalent reassignments; partial term teaching with substitute instructor(s) for a reasonable portion of the term generally recommended not to exceed 20% of the total course instruction; co-teaching arrangements with shared workload. In some circumstances, it may also be appropriate to include special project work assigned by the Dean or by Academic Affairs.

INSTRUCTIONS

This form is to be completed by the employee for any leave of absence, whether paid or unpaid, 30 days prior to the start of the leave or as soon as foreseeable.

The form must be signed by the faculty member, the Chair, the Dean, and Provost and returned to Human Resources. If the leave is for medical/pregnancy reasons, a "Certification of Health Care Provider" form must be completed by a physician and submitted to Absence Pro.

For faculty: Sick leave is earned at the rate of 12 days (96 hours) per year, to a maximum of 24 days (192 hours).

Explanation of Leave of Absence Categories:

Consult with Human Resources and/or refer to the online SMC Staff Handbook – Section 8
<http://www.stmarys-ca.edu/human-resources/2014-staff-handbook/section-8-benefits>

Insurance Continuation:

Faculty members who would normally have a payroll deduction for medical/dental/vision care coverage will be billed for those coverages for any period without pay. The College reserves the right to recover premiums it paid for maintaining an employee's health coverage if the employee fails to return to work from the medical leave, or to discontinue benefits coverage if the employee has not paid the premiums and the College has notified the employee in writing two times during a three-month period.

During any unpaid period, the employee will be billed on a monthly basis for those deductions normally taken through payroll deduction. If these premiums are not paid on a timely basis the College reserves the right to terminate coverage after the 12 week FMLA period and recover the un-paid premiums through collections process.