



FACULTY REQUEST FOR LEAVE OF ABSENCE: Saint Mary's College of California

Please check box that matches the type of leave you're requesting. (See instructions)

Name (print)

Date

Department

Contact Phone

Email while on Leave of Absence

TYPE OF LEAVE:

- Personal
- Pregnancy Disability Leave (PDL)
 - Certification of Health Care Provider form attached (medical authorization)
- Non-birth parent care for newborn/foster child/adopted child
(Date of birth/placement _____)
- Employee illness - Family and Medical Leave Act (FMLA) or California Family Rights Act (CFRA)
 - Certification of Health Care Provider form attached (medical authorization)
- Caring for ill family member - Family and Medical Leave Act (FMLA) or California Family Rights Act (CFRA)
 - Certification of Health Care Provider form attached (medical authorization)
- Administrative Scholarly Military Other, please describe

DATES OF LEAVE: _____ to _____

Requested intermittent or reduced work schedule:

Faculty members are required to file for CA State Disability Insurance (for your own disability/illness) or Paid Family Leave (for caring for others) benefits. Please submit your proof of claim submission upon receipt.

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.

_____ Hours of accrued sick to be used (beginning _____ and ending _____)

Faculty member Signature & Date

Dean Signature & Date

Chair Signature & Date

Provost Signature & Date

INSTRUCTIONS

This form is to be completed by the faculty member 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 both the faculty member, the Chair, the Dean and the 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 with the "Request for Leave of Absence" form.

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 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 faculty member's health coverage if the faculty member fails to return to work from the medical leave, or to discontinue benefits coverage if the faculty member has not paid the premiums and the College has notified the faculty member in writing two times during a three-month period.

During any unpaid leave period the faculty member will be billed on a monthly basis for those premiums normally paid 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 unpaid premiums through the collections process.