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 – State Reason:

_____

❑ Pregnancy Disability Leave (PDL)
- ✓ Certification of Health Care Provider form attached (medical authorization)

❑ Family and Medical Leave Act (FMLA) or California Family Rights Act (CFRA)
- ✓ Certification of Health Care Provider form attached (medical authorization)

❑ Military

❑ Care for newborn/placed child (date of placement _____)

❑ Administrative

❑ Other, please describe

_____

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 or vacation) 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 (beginning _____ and ending _____)

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

_____ _____
Employee signature Supervisor signature

Date_____ Date_____

Rev.02-08-21

Return this form to Human Resources.
Information on this form will be held in confidence.

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 both the employee and the supervisor/chair 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 staff: Refer to your latest leave balance summary located on GaelExpress to determine your current allowances. These balances may not reflect any time taken that has not been submitted as of the latest payday.

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:

Employees 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.

Return this form to Human Resources.
Information on this form will be held in confidence.