FACULTY APPLICATION FOR LEAVE ALLOWANCE

(Employee completes this form if the no. of continuous days of absence exceeds the no. of days/week of assignment [Reference: CBA Article 17.C.6.1])

1. Employee: Submit to Department Chair & Dean for approval
2. If 17.B Unpaid Leave or 17.N Partial Load Reduction, submit to Department Chair, Dean & AVC for approval.
3. Submit to Human Resources with supporting documentation (Ocean Campus, Bungalow 702 – 415/452-7660 – fax: 415/452-7786)

ID#	Name			☐PT ☐FT
Home Address:		Mailbox	Work Phone	Home Phone
Department				

ELIGIBLITY REQUIREMENTS

Leave Type: Time period on any one application cannot extend beyond the academic year. Contact Human Resources for Pregnancy Disability Leave, FMLA/CFRA or CalSTRS Pre-Retirement Reduced Workload leave requests.

Short-Term (20 Days or Less), Request shall be filed no later than 5 working days prior to the requested beginning day of leave.

Long-Term (More than 20 Days), Request shall be filed within 10 days following the beginning of the current semester for the following semester (January 30 for Fall Semester and August 30 for Spring Semester). Employees on unpaid leave are required to pay both employee's and employer's medical premiums.

1. I AM REQUESTING A LEAVE (check all that apply)

☐ Sick Leave (17.C) A signed certification from a Health Care Provider is required.

☐ Partially Paid Sick Leave ("A" days) (17.D) FT Faculty may request if they have exhausted their sick leave benefits. A signed certification from a Health Care Provider is required.

☐ Pregnancy Disability Leave PDL (17.G) A signed certification from a Health Care Provider is required.

☐ Family Medical Leave under the FMLA(17.H) (FT Faculty only)

California Family Rights Act (CFRA) (FT Faculty only).

☐ If this absence is due to an Industrial Injury (Workers' Compensation) (17.I), employees are required to complete the Workers' Compensation Forms – available at www.ccsf/workcomp

☐ Unpaid Short-Term Leave < 20 days (17.B)

☐ Unpaid Long-Term Leave > 20 days (17.B)

☐ Partial Load Reduction (17.N): FT Tenure Track only; FT Categorical/Grant Funded are not eligible. If the request for 17.N Partial Load Reduction is due to medical reasons, a signed certification from a Health Care Provider is required.

☐ Military Leave (17.P) (Attach orders)

☐ Professional Growth (17.M) Attach description of activity & supporting documents.

2. DURATION & PERCENT OF LEAVE

Please indicate the period and percent of leave or dates of leave you are requesting, using the appropriate box below.

☐ Academic Year: 100% leave (20_____/20_____)

☐ Semester: Fall (year): _____at _____% of leave AND / OR Spring (year): _____at _____% of leave.

☐ Dates:_____to _____at_____%

I was previously awarded: ☐ Long-Term Leave (semester/year)_____ and/or ☐ Sabbatical Leave (semester(s))_____

3. REASON FOR LEAVE and/or REASON FOR LATE REQUEST

Please be specific and attach supporting documents

*Only personal business of a compelling nature, religious holidays, and appearances in court as a litigant require prior management approval. Employees may submit this form directly to the appropriate administrator in a sealed envelope in order to assure confidentiality.

WARNING: *Time spent on leave may affect your retirement eligibility/benefits. Check with your retirement system.*

CERTIFICATION: *I certify that this leave of absence is for the purpose indicated above and I acknowledge that certain deadlines may apply. I further certify that I understand that where no leave extension has been received and granted, and no emergency exists to prevent return on the specified date, failure to return shall result in the following: District shall begin immediate processing for the securing of a written resignation and/or begin immediate processing for my discharge.*

_____ _____

Signature Date

Department Chair: ☐Approved ☐Not Approved (Signature) _____ (date) _____

Dean: ☐Approved ☐Not Approved (Signature) _____ (date) _____

AVC / VC: ☐Approved ☐Not Approved (Signature) _____ (date) _____

HR Officer/Designee: ☐Approved ☐Not Approved (Signature) _____ (date) _____