



Non Faculty Request for Leave of Absence

This form is to be used by non-faculty employees who need to request a Leave of Absence. A leave of absence is defined as paid time away from campus in excess of ten (10) workdays (excluding pre-approved vacation time) or any time on unpaid status.

Instructions: Complete this form in full and submit it for signature of your supervisor and division head or school dean. The form should then be forwarded to the Payroll & Benefits Office, Salazar 2079, for final approval. If you have any questions, please contact the Leave Coordinator at hrleaves@sonoma.edu. You may also visit our website at <http://www.sonoma.edu/payroll/>. Individuals in need of a telecommunications relay service may contact the California Relay Service at (877) 735-2929 TTY.

Name:	Employee ID:
Department:	Working Title:
REASON FOR REQUEST	
<input type="checkbox"/> Medical - Self*	<input type="checkbox"/> Maternity*/Paternity**/Parental**/Adoption**
<input type="checkbox"/> Medical - Immediate Family Member*	<input type="checkbox"/> Military (attach copy of orders for duty)
<input type="checkbox"/> Personal/Other (state nature):	
* medical certification is required	**proof of parental status required

LEAVE OF ABSENCE REQUEST		
<input type="checkbox"/> Full	<input type="checkbox"/> Intermittent	<input type="checkbox"/> Partial Leave with Pay
Last Work Day:	Leave Effective Date:	Return to Work Day (estimated):

PARTIAL LEAVE WITHOUT PAY REQUEST (TIME BASE REDUCTION)		
Effective Date:	End Date:	Time Base:

Your signature below indicates that you understand the terms and conditions of leaves or time base reductions as outlined in the Sonoma State University leave procedures, and that you request this leave of absence or time-base reduction for the reasons stated above.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Dean's/Division Head's Signature _____ Date _____

Payroll & Benefits Use: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Signature _____ Date _____
President or President's Designee

Actual Leave Time Taken: Effective Date _____ RTW Date _____ FMLA Hours _____
