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CALIFORNIA STATE UNIVERSITY, LOS ANGELES

Request for Faculty Leave of Absence Without Pay

Before completing this form, faculty should consult the appropriate section of the Faculty Handbook, "Leave of Absence Without Pay", and Article 22 of the Collective Bargaining Agreement

NAME *(Last)* *(First)*	DATE
DEPARTMENT/COLLEGE	RANK: Assoc. Prof ☐ Asst. Prof ☐ Professor ☐ FERP ☐ Lecturer ☐
TYPE OF LEAVE REQUESTED (full time, 1/2, 11/15, etc.) PROFESSIONAL LEAVE ☐ _____ PERSONAL LEAVE ☐	DATE(S) REQUESTED (semester, year, other)

PURPOSE OF LEAVE (additional justification may be attached)

BENEFITS REQUESTED* YES ☐ NO ☐ *No benefits permitted for personal leaves

If yes, check appropriate benefit(s) below:

Step accrual ☐ Sabbatical eligibility accrual ☐

Credit toward tenure ☐ Seniority Credit ☐

DATE OF PREVIOUS APPROVED ACADEMIC LEAVE WITHOUT PAY

Beginning Date: _____

Ending Date: _____

CURRENT VISA STATUS

None ☐ Yes ☐ Type_____

I understand I must notify the Dean in writing by April 1 of my intent to return to duty for Fall semester or by October 1 of my intent to return to duty for Spring semester, upon the expiration of this leave.

_____
Signature of Faculty Member Date

Article 13.7 of the Collective Bargaining Agreement states, upon the request of a faculty unit employee to the President made no later than the first day of the leave of absence listed below, or any extension thereto, his/her probationary period shall be extended for the following duration and reasons:

a. A one (1) year extension of the probationary period when the employee is on a leave of absence for pregnancy/birth or adoption for one (1) year.
b. An extension of the probationary period for the duration of the leave when the employee is on a personal leave of absence without pay pursuant to provision 22.8 for one (1) or more full academic years.
c. A one (1) year extension of the probationary period when the employee is on a professional leave of absence without pay for two (2) or more academic years.

I elect to extend my probationary period.
Yes ☐ No ☐

If you elect not to request an extension of your probationary period, you still have the option to request it upon your return.
Article 13.8 of the Collective Bargaining Agreement states, upon the request of a faculty unit employee to the President made no later than thirty (30) days prior to the beginning of the academic term in which s/he is scheduled to return to work, his/her probationary period may be extended for one (1) academic year for the following absences of less than one (1) academic year:

a. Leave of Absence for pregnancy/birth or adoption
b. Personal leave of absence without pay pursuant to provision 22.8
c. Professional leave of absence without pay pursuant to provision 22.24

TO BE COMPLETED BY THE DEPARTMENT CHAIR:

Recommendation: Approve ☐ Do not approve ☐

_____
Signature of Department Chair Date

TO BE COMPLETED BY COLLEGE DEAN:

Recommendation: Approve ☐ Do not approve ☐

_____
Signature of College Dean Date

TO BE COMPLETED BY THE PROVOST AND VICE PRESIDENT FOR ACADEMIC AFFAIRS OR DESIGNEE:

Recommendation: Approve ☐ Do not approve ☐

APPROVED BENEFITS:

Step Accrual ☐ Credit toward tenure ☐
Sabbatical eligibility accrual ☐ Seniority credit ☐

_____
Provost and Director of Faculty Affairs / designee Date

Electornic copies
Original- FA Payroll HRM (Benefits) Faculty Member College Department