

# Caltech LEAVE OF ABSENCE REQUEST FORM

RETURN TO H.R.  
MAIL CODE 168-84

Completion of this form is required for leaves of 10 workdays or more. Return the completed form to the Disability & Leave Administration Unit prior to the start of your leave or as soon as practicable. You will be notified of the eligibility requirements and certification or documentation requirements for your requested leave. A leave of absence is not considered formal until Human Resources' receipt of appropriate documentation and upon final approval. Contact the Disability & Leave Administration Unit at (626) 395-3092 or email us at [Leaveunit@caltech.edu](mailto:Leaveunit@caltech.edu) if you have any questions.

<b>Employee Information</b>	Name: _____ Personal E-mail: _____
	Address during leave: _____
	Phone during leave: _____ Cell Phone: _____

<b>Leave Type &amp; Leave Dates</b>	First Date of Leave: _____ Return to Work Date: _____
	<b>CHOOSE LEAVE TYPE BELOW, select one from either Employee, Family Care or Military:</b>
	<b>Employee's Own Disability Leave:</b>
	<input type="checkbox"/> Non-work related disability <input type="checkbox"/> Work related disability <input type="checkbox"/> Pregnancy
	<b>Family Care Leave:</b>
	<input type="checkbox"/> Serious Health Condition of Family Member    Name and Relationship to employee: _____
	<input type="checkbox"/> Care for a Covered Service member*    Name and Relationship to employee: _____
	<input type="checkbox"/> Qualifying Exigency Leave
	<input type="checkbox"/> Bonding for the Birth, Adoption, Foster Placement Of Child*    Date of birth, adoption or placement: _____
	*Is other parent an employee of <input type="checkbox"/> JPL or <input type="checkbox"/> Caltech?    If yes, Name of parent: _____
<b>Military Leave</b>	
<input type="checkbox"/> Military Training <input type="checkbox"/> Active Duty <input type="checkbox"/> Military Spousal Leave <input type="checkbox"/> CA Civil Air Patrol	
<b>CHOOSE HOW YOU WANT TO TAKE YOUR LEAVE, select one:</b>	
<input type="checkbox"/> Full leave:	
<input type="checkbox"/> Partial leave (not available for military leave)	
<input type="checkbox"/> Intermittently (not available for non-FMLA disability leaves)	

<b>Employee Acknowledgment</b>	By requesting the above leave of absence, I agree to conform to the provisions of the applicable Caltech policies and procedures when leaving and returning to work. I understand that failure to return to work on or before the termination date of my approved leave will be considered a voluntary resignation and will result in termination of my employment, unless prior arrangements for an extension have been made.
	Under the provisions of the Institute's leave policy on Medical, Pregnancy and Family Care and the policy on Military Leave for Active Duty, employees going on a disability, family or military leave are allowed to <i>retain up to 40 hours in total of accrued sick leave, accrued vacation, or a combination of accrued sick leave and accrued vacation</i> . In accordance with legal requirements, employees on a pregnancy related disability or active duty military leave may retain all accrued vacation. All remaining unretained accrual will be integrated with State Disability benefits, Paid Family Leave benefits, workers' compensation benefits or military pay as applicable.
	I elect to retain _____ hours of accrued sick leave and/or _____ hours of accrued vacation for use after my return from leave (per the maximums stated above, not to exceed 40 hours total, unless for pregnancy leave).
	<b>I choose: __ to file or __ NOT to file for State Disability Insurance/Paid Family Leave/Short Term Disability/Workers' Compensation benefits. I understand that if I file for the benefits at a later date, Caltech will begin integration from date of notice and will not retroactively adjust my leave pay and it is my responsibility to coordinate with the appropriate agency to avoid any benefit payment discrepancies.</b>
Employee Signature _____ Date _____	

<b>Approvals</b>	Supervisor / Administrator _____ Date _____
	Division Chairman / Department Director _____ Date _____
	Assoc. Vice President for Human Resources or Designee _____ Date _____

<b>FOR LOA UNIT USE ONLY:</b>
<input type="checkbox"/> FMLA/CFRA eligible
<input type="checkbox"/> Disability Leave eligible
<input type="checkbox"/> _____
cc: Employee's Home Dept. Employee Leave file