Caltech

POSTDOC/VISITOR/NON-ACADEMIC FACULTY LEAVE OF ABSENCE REQUEST

Completion of this form is required for leaves of 5 days 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 if you have any questions.

UID	NAME	DEPARTMENT & DIVISION
ADDRESS WHILE ON LEAVE		PERSON TYPE ☐ *Postdoc* ☐ *Visitor* ☐ *Non-Academic Faculty*
SPONSOR/PI/SUPERVISOR NAME	PERSONAL EMAIL	CAN WE SEND YOU CORRESPONDNANCE VIA EMAIL? ☐ Yes ☐ No
LAST DAY WORKED	FIRST DAY OF LEAVE	SCHEDULED RETURN DATE / PHONE# WHILE ON LEAVE

CHOOSE HOW YOU WANT TO TAKE YOUR LEAVE OF ABSENCE (select one):

☐ Full Leave ☐ Partial Leave (not available for Military Leave) ☐ Intermittent Leave

REQUESTOR'S OWN DISABILITY LEAVE:

☐ Work-related Disability ☐ Non-Work-related Disability ☐ Pregnancy

FAMILY CARE LEAVE:

☐ Serious Health Condition of a Family Member or Designee

Name of Family Member or Designee: _____

Relationship to Requestor*: _____

*If ***Child***, is the child under the age of 18? ☐ Yes ☐ No

☐ Bonding Leave

Date of birth, adoption, or foster placement of child: _____

Is the Child under the age of 18? ☐ Yes ☐ No

Are you adopting the child of a new spouse or registered Domestic Partner? ☐ Yes ☐ No

PERSONAL LEAVE:

- There is no guarantee of reinstatement to the same or equivalent position
- This is an unpaid leave of absence.
- Benefits will be at 100% cost if elect to continue

☐ Visa or Work Authorization related only

☐ I elect to retain all vacation hours or

☐ Please pay all available vacation hours

☐ Other reason (submit form to Scholar Services Department)

INSURANCE DURING LOA: **(For any unpaid leaves, complete Benefits During LOA form)**

☐ Postdoc/Visitor/Non-Academic Faculty already has outside insurance

☐ Institute portion paid by Staff Benefits (if person is eligible)

☐ Full cost to be paid by Postdoc/Visitor/Non-Academic Faculty

☐ Suspend benefits (Benefits During LOA Form required)

☐ Institute portion paid by Division, PTA#

_____

☐ Full cost paid by Division, PTA#

_____

REQUESTOR ACKNOWLEDGEMENT

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.

This leave will be full salary from _____ to _____.

Budget to be charged: _____.

I would like to receive sick leave from _____ to _____.

I would like to receive vacation days from _____ to _____.

I would like to receive Caltech's Paid Parent Leave from _____ to _____ for _____ weeks. (Maximum 8 weeks)

This leave will be without salary from _____ to _____.

Will the current appointment be held in abeyance? ☐ ***WILL*** ☐ ***WILL NOT***

Starting date of _____, I ☐ ***WILL*** ☐ ***WILL NOT*** **file for State Disability Insurance/Paid Family Leave/Short Term Disability/Workers' Compensation benefits. Should I file, and am on full salary, I agree to submit copies of EDD paystubs to have amounts deducted from future checks from Caltech.**

Requestor Signature: _____ **Date:** _____

Department Chair Signature: _____ **Date:** _____

HR Signature: _____ **Date:** _____

(For office use only)

COI Date:_____

Actual return-to-work date:_____ New end date of current appointment: _____