



Request for Unpaid Personal Leave

A request for unpaid personal leave may be submitted in written form to the respective manager for consideration. Attendance records, length of employment, and department needs, among other factors, will be considered case-by-case in determining approval or denial of such requests.

The employee will not accrue vacation or sick time during the personal leave. The employee must pay their medical contribution for insurance coverage to continue before the personal leave starts. Toro Auxiliary Partners HR will invoice the employee monthly if personal leave is over a month. Failure to return to work will result in voluntary separation and cancellation of benefit coverage.

To be completed by the employee:

Date of request: _____ Employee name: _____

Department: _____ Job title: _____

Date of hire: _____

Employee status: () Exempt () Nonexempt () Full time () Part time

Requested leave dates (mm/dd/yy): _____ to _____.

Reason for the leave of absence: _____

_____.

I have read and fully understand the information contained in CSUDH, Toro Auxiliary Partners' leave of absence policy.

Employee signature

Date



To be completed by the employee's supervisor:

Leave request is: Approved Not approved

If not approved, provide an explanation: _____

Supervisor signature: _____ Date: _____

To be completed by HR:

Leave request is: Approved Not approved

If not approved, provide an explanation: _____

HR Signature: _____ Date: _____

Employee's last day worked: _____ Employee's return-to-work date: _____

The employee will not accrue vacation or sick time during the personal leave. The employee must pay their medical contribution for insurance coverage to continue before the personal leave starts. If personal leave is over a month, the employee will be invoiced by Toro Auxiliary Partners HR monthly. Failure to return to work will result in voluntary separation and cancellation of benefit coverage (medical, dental, vision, and life insurance).

Employee Medical Plan: _____

Total employee premium due per month: \$_____

Deduction to be process on check date: _____

File original in the employee's leave records and provide a copy to the employee and the employee's supervisor.