Application for Leave Of Absence (LOA)

To be completed by the Postdoctoral Scholar or Visitor intending to be out of residence for more than 3 weeks.

Name: _____ **UID:** _____ **Division:** _____ **Sponsor:** _____

1. **I request a leave of absence:**

   ☐ with full salary, From: _____ Through: _____

   Budget to be charged: _____

   ☐ without full salary, From: _____ Through: _____

2. **Reason for leave:** Personal: ☐ Medical: ☐ Pregnancy: ☐ Bonding: ☐ Family Care: ☐

   Complete if Medical Leave: I choose to file: ☐ or NOT to file: ☐ for State Disability Insurance/Paid Family Leave/ Short Term Disability/Worker's 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.

   I would like to use: Sick days ☐ Vacation days ☐ (For bonding leave, Vacation time only applies)

   Complete if Parental Leave:

   I would like to receive Caltech's Paid Parental Leave from: _____ to: _____ for: _____ weeks

   I elect to retain all vacation ☐ or a payment of my vacation, ☐ if available.

   ☐ **I agree to conform to the terms and conditions of Caltech's Personal Leave of Absence policy.**

   ☐ **I acknowledge that:**
   There is no guarantee of reinstatement to the same or equivalent position
   This is an unpaid leave of absence
   I will not accrue additional sick and vacation time
   To continue any of my benefits I will pay 100% of the cost (employee &employer portion)
   My failure to return to work on or before the return date of my approved leave will be considered a voluntary resignation, if no prior arrangements for an extension have been made

3. **My address and personal email during this period will be:**

   _____

   _____

   _____

4. **Will the current appointment be held in abeyance?** Yes ☐ No ☐

5. **Insurance during LOA:**

   ☐ Postdoc/Visitor already has outside insurance

   ☐ Institute portion of health and dental paid by Staff Benefits (person is eligible)

   ☐ Full cost of Caltech health and dental paid by Postdoc/Visitor

   ☐ Institute portion paid by Division, PTA #:_____

   ☐ Full cost paid by Division, PTA #:_____

   ☐ Please suspend my benefits for this leave period

   Signature:_____ Date: _____
   Postdoctoral Scholar

   APPROVED BY:

   Signature:_____ Date: _____
   Division Chairman

   Signature:_____ Date: _____
   HR Postdoctoral Specialist

(For Human Resources use only)
Actual return-to-work date: _____ New end date of current appointment _____ COI date: _____