

## EMPLOYEE LEAVE OF ABSENCE SUBMISSION CHECKLIST

### PHASE 1: INITIAL REQUEST (THE "HOW-TO")

[ ] Colleague Self-Service Entry: Log into MySWC → Colleague Self-Service → Employee Overview → Leave.

[ ] Submit Request\*: Select "Leave Type," enter start/end dates, and click "Submit."

[ ] Supervisor Notification: Inform your administrator (via email or in person) at least one hour before your shift for illness (CSEA), or per your CBA's notice period for other leaves.

### PHASE 2: REQUIRED DOCUMENTATION (THE "WHAT-TO-COLLECT")

[ ] **Medical Certification\***: If absent for 5+ consecutive days, provide a signed statement from your doctor to HR – this must be processed and approved in order for your medical leave to be valid; simple submission of paid leave accruals in Self-Service is not sufficient.

*Note: Do not give specific medical diagnoses to your supervisor; send all medical documentation directly to [swcADA@swccd.edu](mailto:swcADA@swccd.edu)*

[ ] **FMLA/CFRA Notice**: If your leave is for a "Serious Health Condition," complete the [Certification of Health Care Provider](#) and return to HR before your leave or as soon as practicable.

[ ] **ADA/Interactive Process (If Applicable)**: If you need work modifications upon return, complete the:

[Reasonable Accommodation Request Form](#)  
[Supplemental Medical Questionnaire](#)

[ ] **Pregnancy Specifics**:

[ ] [Certification of Health Care Provider for Pregnancy Disability Leave \(PDL\)](#)

[ ] Birth Certificate/Documentation (required only when transitioning to CFRA Baby Bonding)

### PHASE 3: FINANCIAL & BENEFIT COORDINATION

[ ] Decide which paid banks to use (Sick, Vacation, PNL, or Compensatory Time).

[ ] If all full-pay banks are exhausted, verify with HR that you have moved to the 100-Day (Classified/Admin) or 110-Day (Faculty) differential pay cycle.

[ ] If taking unpaid leave, contact the Benefits Department to confirm how your health insurance premiums will be handled to avoid a lapse in coverage.

### **IMPORTANT CONTACTS FOR YOUR CHECKLIST**

<b>Need</b>	<b>Resource / Contact</b>
<b>Submission Portal</b>	<a href="#">MySWC Colleague Self-Service</a>
<b>General Leave Questions</b>	Human Resources: (619) 421-6700 ext. 5201
<b>ADA Accommodations</b>	<a href="mailto:swcADA@swccd.edu">swcADA@swccd.edu</a>
<b>Benefits &amp; Health Insurance</b>	<a href="mailto:swcbenefits@swccd.edu">swcbenefits@swccd.edu</a>