

LEAVE OF ABSENCE REQUEST

FOR DEPARTMENT USE ONLY: Personnel
Program or Collective Bargaining Agreement:

SECTION I – TO BE COMPLETED BY THE EMPLOYEE

EMPLOYEE'S NAME

TELEPHONE / CELL

CAMPUS

DEPARTMENT

TITLE

EMPLOYEE ID

Reason for Leave of Absence:

☐ Initial Application

☐ Amendment to LOA
that began on _____

☐ Own Injury/Illness (not work-related)

☐ Care for Injured/Ill Family Member

☐ Pregnancy/Disability

☐ Care for Newborn/Placed Child

Date of Birth/Placement _____

☐ Union Business Leave

☐ Work-Incurred Injury/Illness

☐ Professional Development

☐ Military Caregiver Leave

☐ Qualifying Exigency Leave

☐ Administrative

☐ Military

☐ Personal Leave*

☐ Other (specify below):

Requested start date: _____

Anticipated return date: _____

☐ Requested intermittent or
☐ Enter reduced work schedules below, or on the
Schedule Calculator (If Bi-weekly enter on W1=1st week,
& W2=2nd week, or Monthly=W1).

Schedule Calculator		W1%=						
		W2%=						
	Su	Mo	Tu	We	Th	Fr	Sa	Hrs Total
W1								
W2								

Do you have UC medical insurance?

☐ Yes ☐ No

Do you have UC dental insurance?

☐ Yes ☐ No

Do you have UC optical insurance?

☐ Yes ☐ No

Have you or will you be filing a University Disability Insurance claim? ☐ Yes ☐ No

A leave of absence is normally leave without pay. Paid leave (accrued sick leave, vacation, PFCB, or if applicable use of comp time) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies/contracts.

☐ I wish to use paid leave as indicated below: (attach additional sheets if necessary)

(MM/DD/YYYY)

(MM/DD/YYYY)

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Begins on _____ and ends on _____

Total Hours

EMPLOYEE'S SIGNATURE:

DATE:

PREFERRED CONTACT METHOD -
While on a Leave of Absence:

DEPARTMENT SIGNATURE: *Department Signature Only Needed for a Personal Leave, or Non-FMLA Leave.

NAME (PRINT)

SIGNATURE

DATE