

UCSC LEAVE OF ABSENCE REQUEST

TO BE COMPLETED BY EMPLOYEE IF TOTAL ABSENCE, PAID OR UNPAID, WILL BE IN EXCESS OF ONE WORKWEEK

| | | | |
|--|---|------------------------------------|-----------------------------------|
| Employee Name: | | Home Phone: | |
| Unit: | Office Phone: | E-Mail address: | |
| <input type="checkbox"/> Initial Request <input type="checkbox"/> Amendment to original request | Reason for Leave of Absence <input type="checkbox"/> Own Illness (not work related) <input type="checkbox"/> Pregnancy Disability <input type="checkbox"/> Administrative <input type="checkbox"/> Care for Ill Parent/Spouse/Child <input type="checkbox"/> Work-Incurred Disability <input type="checkbox"/> Military <input type="checkbox"/> Care for Newborn/Placed Child <input type="checkbox"/> Professional Development <input type="checkbox"/> Union Business Date of Birth/Placement: <input type="checkbox"/> Other (specify): | | |
| Requested start date: | Requested intermittent or reduced work schedules: (Note to Service Center: if approved as FML Record of Reduced Work Schedule/Intermittent Leave should be completed for exempt employees) | | |
| Anticipated return date: | | | |
| Have you or will you be filing a University Disability Insurance Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| A leave of absence is normally leave without pay. Paid leave (accrued sick, vacation, or paid faculty leave) shall be substituted for all or a portion of unpaid leave in accordance with the appropriate policies/contracts. I wish to use paid leave as follows: | | | |
| <u>Accrued Sick Leave</u> | <u>Accrued Vacation</u> | <u>CTO*</u> | <u>Paid Faculty Leave</u> |
| <input type="checkbox"/> All | <input type="checkbox"/> All | <input type="checkbox"/> All | <input type="checkbox"/> All |
| <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Days |
| Employee's signature: | | Date: | |

TO BE COMPLETED BY SERVICE CENTER/SUPERVISOR - MUST BE COMPLETED AND RETURNED TO EMPLOYEE WITHIN TWO BUSINESS DAYS IF REASON FOR LEAVE IS AN FML QUALIFYING REASON.

APPROVAL/DENIAL OF LEAVE REQUEST

Personnel Program: _____ Employee Unit Code: _____ Begins on _____ Ends on _____ Type Code _____

Your requested leave is approved and

 ___ workweeks and ___ workdays are designated as Federal FML _____

 ___ workweeks and ___ workdays are designated as State FML _____

 ___ workweeks and ___ workdays are designated as _____ _____

 ___ See attached for additional information

Your requested leave for family or medical purposes does not meet the requirements under Federal/State law for the following reason(s):

Your requested leave for other than family or medical purposes is not approved for the following reason(s):

APPROVED/REQUIRED USE OF PAID LEAVE:

| | | | | | |
|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|---|--|
| <u>Accrued Sick Leave</u> | <u>Accrued Vacation</u> | <u>CTO</u> | <u>Paid Faculty Leave</u> | <input type="checkbox"/> <u>Extended Sick Leave</u> | <input type="checkbox"/> <u>Other:</u> |
| <input type="checkbox"/> All | <input type="checkbox"/> All | <input type="checkbox"/> All | <input type="checkbox"/> All | | |
| <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None | <input type="checkbox"/> None | | |
| <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Hours | <input type="checkbox"/> ___ Days | | |

Completed by: _____ Date: _____ Phone: _____

Supervisor's signature: _____ Date: _____ Phone: _____

Department Head's signature: _____ Date: _____ Phone: _____

Vice Chancellor's signature:** _____ Date: _____ Phone: _____

*Note: CTO may not be substituted for unpaid Family and Medical Leave but may be used for other leaves according to policy and collective bargaining agreements. **Signature may be required based on delegations of authority

SEE REVERSE FOR PRIVACY NOTIFICATION AND LEAVE TYPE CODES RTN: 3 years

This form is available on the web at http://www2.ucsc.edu/staff_hr/compensation/forms/loa.pdf

LEAVE OF ABSENCE TYPE CODES

- 04 Pregnancy Disability
- 05 Extended Illness
- 06 Government/Public Service
- 07 Professional Development
- 08 Personal
- 09 Workers Compensation
- 10 Furlough
- 11 Military
- 12 Special Research
- 13 Administration
- 15 Family and Medical Leave without pay
- 16 Family and Medical Leave with pay

PRIVACY NOTIFICATION

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

The principal purpose for requesting the information on this form is to process requests for leaves of absence. The Federal Family and Medical Leave Act of 1993 and University policy authorize maintenance of this information.

Furnishing all information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used by various University departments for benefits, payroll and personnel administration, and will be transmitted to the Federal and State governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Human Resources Offices.

The officials responsible for maintaining the information contained on this form are the department's service center representatives.
