

ACADEMIC LEAVE OF ABSENCE REQUEST



SECTION I – TO BE COMPLETED BY THE EMPLOYEE

| | | |
|-----------------|-----------|-------------|
| EMPLOYEE'S NAME | TELEPHONE | CAMPUS |
| DEPARTMENT | TITLE | EMPLOYEE ID |

| | | | |
|---|---|--|--|
| <input type="checkbox"/> Initial Application <input type="checkbox"/> Amendment to LOA that began on _____ | Reason for Leave of Absence: | | |
| | <input type="checkbox"/> Own Injury/Illness (not work-related) <input type="checkbox"/> Care for Injured/III Family Member <input type="checkbox"/> Pregnancy/Disability <input type="checkbox"/> Care for Newborn/Placed Child Date of Birth/Placement _____ | <input type="checkbox"/> Union Business Leave <input type="checkbox"/> Work-Incurred Injury/Illness <input type="checkbox"/> Professional Development <input type="checkbox"/> Military Caregiver Leave <input type="checkbox"/> Qualifying Exigency Leave | <input type="checkbox"/> Administrative <input type="checkbox"/> Military <input type="checkbox"/> Personal Leave <input type="checkbox"/> Other (specify below): |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|--|---------------------|------|----|----|----|--|-----------|--|-----------|------|--|--|--|--|--|--|--|----|----|----|----|----|----|----|--|----|--|--|--|--|--|--|--|--|----|--|--|--|--|--|--|--|--|
| Requested start date: _____ | <input type="checkbox"/> Requested intermittent or reduced work schedules <input type="checkbox"/> Enter reduced work schedules below, or on the Schedule Calculator (If Bi-weekly enter on W1=1st week, & W2=2nd week, or Monthly=W1). | <table border="1" style="margin: auto;"> <tr> <td rowspan="2" style="padding: 5px;">Schedule Calculator</td> <td colspan="7" style="padding: 2px;">W1%=</td> <td rowspan="2" style="padding: 2px;">Hrs Total</td> </tr> <tr> <td colspan="7" style="padding: 2px;">W2%=</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">Su</td> <td style="padding: 2px;">Mo</td> <td style="padding: 2px;">Tu</td> <td style="padding: 2px;">We</td> <td style="padding: 2px;">Th</td> <td style="padding: 2px;">Fr</td> <td style="padding: 2px;">Sa</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">W1</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">W2</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table> | Schedule Calculator | W1%= | | | | | | | Hrs Total | W2%= | | | | | | | | Su | Mo | Tu | We | Th | Fr | Sa | | W1 | | | | | | | | | W2 | | | | | | | | |
| Schedule Calculator | | W1%= | | | | | | | Hrs Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | W2%= | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Su | Mo | Tu | We | Th | Fr | Sa | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| W2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated return date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | |
|---|--|---|
| Do you have UC medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have UC dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have UC optical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> 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 PPFL) 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 _____ |

_____ Total Hours

| | | |
|-----------------------|-------|---|
| EMPLOYEE'S SIGNATURE: | DATE: | PREFERRED CONTACT METHOD - While on a Leave of Absence: |
|-----------------------|-------|---|

APPROVAL SIGNATURES

| | |
|-----------------------|-----------------|
| DEPARTMENT CHAIR NAME | DEAN / VCR NAME |
| SIGNATURE | SIGNATURE |
| DATE | DATE |

VICE PROVOST NAME
SIGNATURE _____
DATE _____

INSTRUCTIONS
 -->All leave requests require department chair and dean signature
 -->The following leaves also require the Vice Provost's signature
 -APM 750 Leave for Service to Governmental Agencies
 -APM 758 Other Leaves with Pay
 -APM 759 Other Leaves without Pay