

# LEAVE OF ABSENCE REQUEST

Academic Student Employees - Article 18 Leaves  
Graduate Student Researchers - Article 17 Leaves



### Employee Information

Name:   
UID:   
Phone:   
Email:   
Dept:

- Title:  Teaching Assistant (2310)  
 Associate Instructor (1501,1506)  
 Teaching Fellow (2300)  
 Reader (2850)  
 Special Reader (2852)  
 Tutor (2510, 2860, 2861)  
 Remedial Tutor (2288)  
 GSR (3276)  
 GSR Fellow (3141)  
 GSR Trainee (3151)

### Appointment:

- Fall, \_\_\_\_; Appt. %   
 Summer, \_\_\_\_; Appt. %   
 Spring, \_\_\_\_; Appt. %

### Reason for Leave of Absence:

#### Long-term Leave

- Personal Illness Long-term Leave** \*Medical Leave Certification & Return to Work Certification  
 **Family Illness Long-term Leave** \*Medical Leave Certification, Declaration of Relationship & Return to Work Certification \*\*If using parental bonding, provide copy of Birth Certificate  
 **Care for Newborn/Placed Child**

\*Date of Birth/Placement:

\*Declaration of Relationship & Return to Work Certification (if applicable)

- Pregnancy Disability** \*Pregnancy Disability Form & Return to Work Certification

#### Short-term Leave

- Personal Illness Short-term Leave**  
 **Care for Newborn/Placed Child**  
 **Family Emergency Short-term Leave**  
 **Immigration hearings/appointment**

#### Other leave (specify):

\*Additional forms required

### Leave of Absence (LOA) Information

*Employee needs to reflect this leave in Time Reporting System (TRS)*

Requested Start Date of LOA:

Anticipated Return Date :

Is this your first application for this specific Leave of Absence?  Yes  No

If not, please provide the date of last LOA request to be amended:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Approval/Denial of Leave Request

*Must be entered in UCPATH using UCPATH Job Aid*

Your requested leave is approved and begins on \_\_\_\_\_ and ends on \_\_\_\_\_

Your requested leave is not approved for the following reason(s):

#### Pay Status During Leave

Leave with Pay begins on \_\_\_\_\_ and ends on \_\_\_\_\_

Leave without Pay begins on \_\_\_\_\_ and ends on \_\_\_\_\_

Department staff personnel's signature

Date: \_\_\_\_\_

PI/Supervisor's signature:

Date: \_\_\_\_\_

Department head's signature:

Date: \_\_\_\_\_

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