|  |
| --- |
| **FOR DEPARTMENT USE ONLY:**  Click or tap here to enter text. |

**EMPLOYEE**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

**Leave of Absence Information**

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

Requested Start Date of LOA: Click or tap to enter a date.

Anticipated Return Date: Click or tap to enter a 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: Click or tap to enter a date.

**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, 2023; Appt. % 

Winter, 2024; Appt. % 

Spring, 2024; Appt. % 

**DEPARTMENT**

**Approval/Denial of Leave Request**

*Must be entered in UCPath using UCPath Job Aid*

Your requested leave is approved and begins on Click or tap to enter a date. and ends on Click or tap to enter a date.

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

**Pay Status During Leave**

Leave with Pay begins on Click or tap to enter a date. and ends on Click or tap to enter a date.

Leave without Pay begins on Click or tap to enter a date. and ends on Click or tap to enter a date.

**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:* Click or tap to enter a date.

*\*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*

Department staff personnel’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

Department head’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click or tap to enter a date.

*Page left intentionally blank. To be used if additional Leave of Absence Request information is necessary.*