|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FACULTY (EMPLOYEE) INFORMATION** | | | | | | | | | | | |
| **Name:** Last, First | | | | | | **Employee ID:** Click here. | | | | | |
| **Email:** Click here. | | | | | | **Department:** Click here. | | | | | |
| EXTENDED ABSENCE DETAILS | | | | | | | | | | | |
| **Action** *(mark all that apply)*: | New | Modify Existing Leave | | | | | Extend Current Leave | | | Return from Leave | |
| EXTENDED ABSENCE DETAILS | | | | | | | | | | | |
| **Leave Type:** Must choose an item. | | | | | *Note: 1) If the Leave Type has "\*", please select the appropriate FMLA/CFRA/PDLL for the LOA if applicable; 2) If the Leave Type is "SABBATICAL", please complete SABBATICAL DETAILS* | | | | | | |
| **Start Date:** Click or tap to enter a date. | | | | | **Last Date Worked:** Click or tap to enter a date. | | | | | | |
| **Expected Return Date:** Click or tap to enter a date. | | | | | **Actual Return Date:** Click or tap to enter a date. | | | | | | |
| **FMLA/CFRA/PDLL Leave** *(please select, if applicable)***:** Choose an item. | | | | | | | | | | | |
| SABBATICAL DETAILS | | | | | | | | | | | |
| **Sabbatical Credits Used for this Leave:** Click here | | | | | **Sabbatical Percent:** Click here | | | | | |
| **Sabbatical Leave Supplement Percent:** Click here | | | | | **Leave No Pay Percent:** Click here | | | | | | |
| ***Please Note: Coordinate Position Funding with the RA/FA*** | | | | | | | | | | | |
| **PAY DETAILS** | | | | | | | | | | | |
| **Paid/Unpaid:** Choose an item. | | | | | | | | | | | |
| *Pay Period Dates for AY Academics (required for AY Academics – EXTENDED ABSENCE DETAILS should reflect Service Period Dates):* | | | | | | | | | | | |
| **Begin Date:** Click here to enter a date. | | | **End Date:** Click to enter a date. | | | | | | **Return Date:** Click to enter a date. | | |
| **JOB OVERRIDE** | | | | | | | | | | | |
| Please indicate employee job record # to be excluded from this leave of absence: Click or tap here to enter text. | | | | | | | | | | | |
| NOTES ON THE LEAVE | | | | | | | | | | | |
| Click or tap here to enter text. Text box will auto fit contents. | | | | | | | | | | | |
| APPROVALS | | | | | | | | | | | |
| *I confirm that the above accurately reflects the approved action.* | | | | | | | | | | | |
| **AP Analyst/Preparer Name and Title:** | | | | Name | | | | Title | | | |
| **Contact Information (Email and/or Phone):** | | | | Email | | | | Phone Number | | | |
| **Date:** | | | | MM/DD/YYYY | | | | | | | |