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| **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 |