

LEAVE OF ABSENCE REQUEST FORM

Use this form for Faculty and Lecturer Extended Absence Requests in UCPath

FACULTY (EMPLOYEE) INFORMATION				
Name:		Employee ID:		
Email:		Department:		
EXTENDED ABSENCE DETAILS				
Action (mark all that apply):	<input type="checkbox"/> New	<input type="checkbox"/> Modify Existing Leave	<input type="checkbox"/> Extend Current Leave	<input type="checkbox"/> Return from Leave
EXTENDED ABSENCE DETAILS				
Leave Type:	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:	Last Date Worked:			
Expected Return Date:	Actual Return Date:			
FMLA/CFRA/PDLL Leave (please select, if applicable):				
SABBATICAL DETAILS				
Sabbatical Credits Used for this Leave:		Sabbatical Percent:		
Sabbatical Leave Supplement Percent:		Leave No Pay Percent:		
Please Note: Coordinate Position Funding with the RA/FA				
PAY DETAILS				
Paid/Unpaid:				
<i>Pay Period Dates for AY Academics (required for AY Academics – EXTENDED ABSENCE DETAILS should reflect Service Period Dates):</i>				
Begin Date:	End Date:	Return Date:		
JOB OVERRIDE				
Please indicate employee job record # to be excluded from this leave of absence:				
NOTES ON THE LEAVE				
APPROVALS				
<i>I confirm that the above accurately reflects the approved action.</i>				
AP Analyst/Preparer Name and Title:				
Contact Information (Email and/or Phone):				
Date:				