|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Refer to the* [*Graduate Student Employee Leave Chart*](https://grad.berkeley.edu/wp-content/uploads/ase.gsr_.leave_.of_.absence.chart_050621-summer.pdf) *for details. For any questions regarding this policy, please contact the Academic Personnel Office at* [*appolicy@berkeley.edu*](mailto:appolicy@berkeley.edu) *or People & Culture at* [*addison\_elr@berkeley.edu*](mailto:addison_elr@berkeley.edu) | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | **Employee ID:** | | |  | | | | |
| **Email:** |  | | | | | | | | | | | **Department:** | |  | | | | | |
| EXTENDED ABSENCE DETAILS | | | | | | | | | | | | | | | | | | | |
| **Action** *(mark all that apply)*: | | | | | | | New | Modify Existing Leave | | | | | Extend Current Leave | | | | | | Return from Leave |
| EXTENDED ABSENCE DETAILS | | | | | | | | | | | | | | | | | | | |
| [**Leave Type**](https://sp.ucop.edu/sites/ucpathhelp/LocationUsers/LOCjobaids/UCPC_PHCMABML200JA_AbsenceRequest_LeaveDescriptions_D2Rev01.pdf)**:** | | | |  | | | | | | | | | | | | | | | |
| **Start Date:** | | |  | | | | | | | | **Last Date Worked:** | | | | | |  | | |
| **Expected Return Date:** | | | | | |  | | | | | **Actual Return Date:** | | | | | | |  | |
| **FMLA/CFRA/PDLL Leave** *(please select, if applicable)***:** | | | | | | | | | |  | | | | | | | | | |
| **PAY DETAILS** | | | | | | | | | | | | | | | | | | | |
| **Paid/Unpaid:** | | | | |  | | | | | | | | | | | | | | |
| **JOB OVERRIDE** | | | | | | | | | | | | | | | | | | | |
| Please indicate employee job record # to be excluded from this leave of absence: | | | | | | | | | | | | | | | |  | | | |
| NOTES ON THE LEAVE | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | (510) 555-5555 | |
| **Date:** | | | | | | | | |  | | | | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Please select the appropriate FMLA/CFRA/PDLL for the LOA if applicable.