

UNIVERSITY OF CALIFORNIA, DAVIS

Staff Leave Request

Employee: Please complete the top section

Employee: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Campus Phone: \_\_\_\_\_

Home Mailing Address & Phone: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Please check reason for leave of absence:

Own serious health condition (not work related) ..... \_\_\_\_\_ Care for parent/spouse/child w/serious health condition \_\_\_\_\_
Care for newborn/placed child ..... \_\_\_\_\_ Work-incurred injury ..... \_\_\_\_\_
Pregnancy disability ..... \_\_\_\_\_ Other ..... \_\_\_\_\_

Requested Start Date: \_\_\_\_\_ Anticipated Return to Work Date: \_\_\_\_\_

Intermittent or reduced work schedule (describe): \_\_\_\_\_

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off).
Paid leave may be used in accordance with applicable policy/contracts.

I wish to use leave as estimated below:

Table with 4 columns: Type, Hours, From, Through. Rows include Vacation, Sick Leave, Comp Time Off, Leave w/o Pay.

Employee signature & date: \_\_\_\_\_

Designation of Leave

Department: Please complete the bottom section

Initial application? \_\_\_\_\_ Revision? (describe) \_\_\_\_\_

\_\_\_\_\_ Your leave is provisionally approved - pending medical verification.

\_\_\_\_\_ Your leave is approved.

\_\_\_\_\_ Your leave is denied for the following reason(s): \_\_\_\_\_

Box containing 'From' and 'Through' fields, and text: 'qualifies as Family & Medical Leave', 'qualifies as Pregnancy Disability Leave', 'If both FML and PDL apply, the begin dates will be the same.'

Confirmation of status during leave:

Table with 4 columns: Type, Hours, From, Through. Rows include Vacation, Sick Leave, Comp Time Off, Leave w/o Pay, Supplemental FML, Personal Leave.

Supervisor signature & date: \_\_\_\_\_

Supervisor name (please print): \_\_\_\_\_ Phone: \_\_\_\_\_