

UCSC LEAVE OF ABSENCE REQUEST

TO BE COMPLETED BY EMPLOYEE IF TOTAL ABSENCE, PAID OR UNPAID, WILL BE IN EXCESS OF ONE WORKWEEK

Employee Name:		Home Phone:													
Unit:	Office Phone:	E-Mail address:													
<input type="checkbox"/> Initial Request <input type="checkbox"/> Amendment to original request	Reason for Leave of Absence <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Own Illness (not work related)</td> <td style="width: 33%;"><input type="checkbox"/> Pregnancy Disability</td> <td style="width: 33%;"><input type="checkbox"/> Administrative</td> </tr> <tr> <td><input type="checkbox"/> Care for Ill Parent/Spouse/Child</td> <td><input type="checkbox"/> Work-Incurred Disability</td> <td><input type="checkbox"/> Military</td> </tr> <tr> <td><input type="checkbox"/> Care for Newborn/Placed Child</td> <td><input type="checkbox"/> Professional Development</td> <td><input type="checkbox"/> Union Business</td> </tr> <tr> <td colspan="3">Date of Birth/Placement: <input type="checkbox"/> Other (specify):</td> </tr> </table>			<input type="checkbox"/> Own Illness (not work related)	<input type="checkbox"/> Pregnancy Disability	<input type="checkbox"/> Administrative	<input type="checkbox"/> Care for Ill Parent/Spouse/Child	<input type="checkbox"/> Work-Incurred Disability	<input type="checkbox"/> Military	<input type="checkbox"/> Care for Newborn/Placed Child	<input type="checkbox"/> Professional Development	<input type="checkbox"/> Union Business	Date of Birth/Placement: <input type="checkbox"/> Other (specify):		
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Date of Birth/Placement: <input type="checkbox"/> Other (specify):															
Requested start date:	Requested intermittent or reduced work schedules: (Note to Service Center: if approved as FML Record of Reduced Work Schedule/Intermittent Leave should be completed for exempt employees)														
Anticipated return date:															

Have you or will you be filing a University Disability Insurance Claim? Yes No

A leave of absence is normally leave without pay. Paid leave (accrued sick, vacation, or paid faculty leave) shall be substituted for all or a portion of unpaid leave in accordance with the appropriate policies/contracts. I wish to use paid leave as follows:

<u>Accrued Sick Leave</u>	<u>Accrued Vacation</u>	<u>CTO*</u>	<u>Paid Faculty Leave</u>
<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Days

Employee's signature: _____ Date: _____

TO BE COMPLETED BY SERVICE CENTER/SUPERVISOR - MUST BE COMPLETED AND RETURNED TO EMPLOYEE WITHIN TWO BUSINESS DAYS IF REASON FOR LEAVE IS AN FML QUALIFYING REASON.

APPROVAL/DENIAL OF LEAVE REQUEST

Personnel Program: _____	Employee Unit Code: _____	<u>Begins on</u>	<u>Ends on</u>	<u>Type Code</u>
<input type="checkbox"/> Your requested leave is approved and ___ workweeks and ___ workdays are designated as Federal FML ___ workweeks and ___ workdays are designated as State FML ___ workweeks and ___ workdays are designated as _____ ___ See attached for additional information		_____	_____	_____

Your requested leave for family or medical purposes does not meet the requirements under Federal/State law for the following reason(s):

Your requested leave for other than family or medical purposes is not approved for the following reason(s):

APPROVED/REQUIRED USE OF PAID LEAVE:

<u>Accrued Sick Leave</u>	<u>Accrued Vacation</u>	<u>CTO</u>	<u>Paid Faculty Leave</u>	<input type="checkbox"/> <u>Extended Sick Leave</u>	<input type="checkbox"/> <u>Other:</u>
<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All		
<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None		
<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Hours	<input type="checkbox"/> ____ Days		

Completed by: _____ Date: _____ Phone: _____

Supervisor's signature: _____ Date: _____ Phone: _____

Department Head's signature: _____ Date: _____ Phone: _____

Vice Chancellor's signature:** _____ Date: _____ Phone: _____

*Note: CTO may not be substituted for unpaid Family and Medical Leave but may be used for other leaves according to policy and collective bargaining agreements. **Signature may be required based on delegations of authority

SEE REVERSE FOR PRIVACY NOTIFICATION AND LEAVE TYPE CODES

RTN: 3 years

This form is available on the web at <http://shr.ucsc.edu/forms/forms/shr-1150.pdf>

HR Service Team Instructions
Leave of Absence Request Form

EMPLOYEE SECTION

1. When an employee requests a paid or unpaid leave of absence, or if the employee has been or will be absent in excess of one workweek, have the employee complete and sign the Employee Section of the Leave of Absence Request Form. If the employee is not available or does not fill out the form, a service center representative may complete this section for the employee. An employee does not need to request the leave in writing nor specifically mention family and medical leave to be entitled to Family and Medical Leave. In addition, Family and Medical Leave designations must be made and the employee advised within two (2) business days of the employee's notice of need for leave.
2. While a leave of absence is normally without pay, paid leave (accrued sick, vacation, paid faculty leave) shall be substituted for all or a portion of the unpaid leave in accordance with the appropriate policies/contracts. Therefore, the employee should consult with their service center representative prior to indicating what portion of paid leave the employee wishes to use during the leave period. A chart illustrating the required substitution of paid leave for Family and Medical Leaves is on the reverse side of these instructions.

EMPLOYER SECTION

• **Approval/Denial of Leave Request**

1. Determine eligibility for a leave of absence by referring to the relevant personnel program policies or collective bargaining agreement articles that cover the reason for leave selected by the employee. Note: Family and Medical Leave may run concurrently with pregnancy disability leave, work-incurred injury leave, extended sick leave, or other medical leaves.
2. If the leave request is approved, record the dates of leave, and the number of days/weeks that will be granted in the appropriate spaces.
3. If the reason for the leave request is covered by FMLA (i.e., own serious illness, pregnancy disability, care for ill parent/spouse/child, or care for newborn/newly adopted/foster care placement) and Family and Medical Leave will not be granted, record the reason for denial for in the appropriate space (denials of family and medical leave will normally be due to the employee's ineligibility for the leave). Depending on circumstances, note that the employee may still be eligible for pregnancy disability leave, work-incurred injury leave, or personal leave. Refer to the applicable personnel program policy or collective bargaining agreement article for specifics. For other leave reasons, if the leave request is denied, record the reason for the denial in the appropriate space.

• **Pay Status During Leave**

Compare the employee's request to use paid leave with the employee's leave accruals and consistency with the applicable personnel program policy or collective bargaining agreement article. Note that paid leave may be substituted for all or a portion of the unpaid leave only to the extent permitted by the appropriate personnel policies or contract articles. A chart illustrating the required substitution of paid leave for Family and Medical Leaves is on the reverse side of these instructions. Also, time on pay status using compensatory time off may not be counted against an employee's Family and Medical Leave entitlement.

• **Signatures**

Obtain the signatures of the employee's supervisor and the department head, or appropriate approving authority.

• **Distribution**

Distribute a copy of the completed form to the employee. If this leave is for FML qualifying reasons, the employee must be advised of eligibility for FML prior to the first day of leave or within two business days of notice of need for leave by employee or determination of service center/supervisor that employee should be placed on a leave of absence, whichever is later. The original form should be retained by the employee's service center as Office of Record for this form. Enter leave data as appropriate on the Payroll Personnel system via on-line update, including dates of FML leave, if applicable, in PAN comments.

• **FMLA Recordkeeping and Retention Period**

This form satisfies Federal regulations governing FMLA. These sections specify that subject employers must keep the following records:

1. Dates FMLA leave is taken by employees (e.g., available from time records, requests for leave, etc., if so designated). Leave must be designated in records as FMLA leave; leave so designated may not include leave provided under State law or an employer plan which is not covered by FMLA. If FMLA leave is taken in increments of less than one full day, the hours of leave must be recorded.
2. Federal regulations specify that FMLA records must be kept for at least three (3) years and, upon request, made available for inspection, copying, and transcription by representatives of the Department of Labor.

LEAVE OF ABSENCE TYPE CODES

- 04 Pregnancy Disability
- 05 Extended Illness
- 06 Government/Public Service
- 07 Professional Development
- 08 Personal
- 09 Workers Compensation
- 10 Furlough
- 11 Military
- 12 Special Research
- 13 Administration
- 15 Family and Medical Leave without pay
- 16 Family and Medical Leave with pay

PRIVACY NOTIFICATION

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information.

The principal purpose for requesting the information on this form is to process requests for leaves of absence. The Federal Family and Medical Leave Act of 1993 and University policy authorize maintenance of this information.

Furnishing all information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used by various University departments for benefits, payroll and personnel administration, and will be transmitted to the Federal and State governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Human Resources Offices.

The officials responsible for maintaining the information contained on this form are the department's service center representatives.

Service Center Instructions - Leave of Absence Request Form

FAMILY AND MEDICAL LEAVE - SUBSTITUTION OF PAID LEAVE FOR STAFF EMPLOYEES*

	NONREPRESENTED (PSS, MSP)	CLERICAL, SERVICE (CX, SX)	UPTE (TX)	SKILLED CRAFTS
PARENTAL LEAVE				
• Sick Leave	May not be used	May not be used	May not be used	May elect to use up to 30 days
• CTO	May elect to use prior to beginning FML leave as time on pay status using CTO may not be counted against an employee's family and medical leave entitlement			
• Vacation	Required to use unless otherwise requested by the employee and approved by the department head	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP	Required to use prior to LWOP	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP
FAMILY ILLNESS				
• Sick Leave	May elect to use up to 30 days	May elect to use up to 30 days	May elect to use up to 30 days	May elect to use up to 30 days
• CTO	May elect to use prior to beginning FML leave as time on pay status using CTO may not be counted against an employee's family and medical leave entitlement			
• Vacation	Required to use unless otherwise requested by the employee and approved by the department head	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP	Required to use prior to LWOP	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP
EMPLOYEE ILLNESS				
• Sick Leave	May elect to use (employees receiving temporary disability must use sick leave during the waiting period, in accordance with the temporary disability plan)	Required to use sick leave unless employee receives temporary disability; then ee must use sick leave during waiting period	Required to use sick leave unless employee receives temporary disability; then ee must use sick leave during waiting period	Required to use sick leave unless employee receives temporary disability; then ee must use sick leave during waiting period
• CTO	May elect to use prior to beginning FML leave as time on pay status using CTO may not be counted against an employee's family and medical leave entitlement			
• Vacation	May be used at the employee's option for leave granted for the employee's own serious health condition or for pregnancy disability	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP	Required to use prior to LWOP	May elect to use, unless employee is at max; then ee must use 10% prior to LWOP

*Academic appointees should consult with their service center representative.