

This form is available on the web at <http://shr.ucsc.edu/forms/forms/shr-1210.pdf>

LEAVE OF ABSENCE REQUEST
SAMPLE TRANSMITTAL LETTER

(EMPLOYEE NAME)
(EMPLOYEE ADDRESS)

RE: Leave of Absence

Dear (EMPLOYEE NAME),

Attached is your copy of the completed Leave of Absence Request form for your current absence. If your leave was approved, the form indicates what type of leave was approved and what paid leave use has been approved or is required by policy and/or collective bargaining agreements during your leave period. If your leave was not approved, the form indicates the reason why the leave was delayed or denied.

Based on currently available information regarding your leave, you (WILL/WILL NOT) be required to provide a medical certification in support of your leave. ***Insert if appropriate*** - *If medical certification is required, please note that approval of your leave is contingent upon receipt of your completed medical certification. Failure to provide a required medical certification within fifteen (15) calendar days of the date you receive this notice may result in delay or denial of leave until the certification is provided.* In addition, you (WILL/WILL NOT) be required to provide a return to work certification prior to your return to work, based on information currently available regarding your leave. ***Insert if appropriate*** - *Failure to provide a required return to work certification may result in denial of your reinstatement until the certification is provided. If required, a medical certification form and/or a return to work certification form, along with copies of your job description (which should be provided to your health care provider along with the forms) are enclosed for your use.*

If your leave has been designated as Family and Medical Leave, a FML Benefits Checklist is enclosed. If a portion of your leave will be unpaid, a Benefits Continuation form and instructions for its completion are also enclosed. Also, if you are eligible for University-Paid or Employee-Paid Disability Benefits, you should obtain a claim form from the Benefits Office if you have not already done so. If you have any questions regarding continuation of your benefits or on filing a claim for disability benefits, contact the Benefits Office at 459-2013 for assistance.

Should the circumstances regarding your leave change (e.g., you will need to be on leave for longer than originally indicated or the reason for your leave changes), or if you have any other questions about your leave, please contact (NAME OF SERVICE CENTER REPRESENTATIVE OR OTHER APPROPRIATE UNIT CONTACT AND PHONE NUMBER).

Sincerely,

(EMPLOYEE SUPERVISOR or SERVICE CENTER REPRESENTATIVE)
(TITLE)

cc: (EMPLOYEE SUPERVISOR or SERVICE CENTER REPRESENTATIVE)

Enclosures