

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 newborn/placed child []
Pregnancy disability []
Care for parent/spouse/child w/serious health condition []
Work-incurred injury []
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, Through, 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: _____