

SPECIAL LEAVE OF ABSENCE REQUEST FORM – UCSF (For Academics only- Not for sabbatical/professional development leave requests)

EMPLOYEE NAME (Last, First, Middle Initial)	EMPLOYEE ID NO.	TITLE CODE	DATE PREPARED
ACADEMIC TITLE: RANK	SERIES		STEP
DEPARTMENT/ SCHOOL		EXTENSION OF PREVIOUS LEAVE YES NO	

LEAVE OF ABSENCE TYPES:	09 WORKERS COMP	15 FAMILY MEDICAL LEAVE WITHOUT PAY
04 PREGNANCY DISABILITY*	10 FURLOUGH	16 FAMILY MEDICAL LEAVE WITH PAY
05 EXTENDED ILLNESS	11 MILITARY	17 TEMPORARY LAYOFF
06 GOV'T/PUBLIC SERVICE	12 SPECIAL RESEARCH	18 NSF BENEFIT BRIDGE
08 PERSONAL	13 ADMIN	19 CALIFORNIA FAMILY RIGHTS ACT
		99 OTHER (includes HHMI)

BEGIN DATE	RETURN DATE	LOA TYPE(S) (See codes above)	WITH PAY (07) or W/OUT PAY (08)	UC COMPENSATION WHILE ON LEAVE	DISPOSITION OF WORK WHILE ON LEAVE

REASON FOR OR SPECIFIC PURPOSE OF PROPOSED LEAVE/ COMMENTS: (If multiple periods of leave, please explain each one)

*FOR **SCHOOL OF MEDICINE FACULTY** PREGNANCY DISABILITY ONLY, PLEASE COMPLETE BELOW:

FUND	DEPT ID	PROJECT	FUNCTION	FLEXFIELD	ANNUAL BASE SCALE 0 RATE	% EFFORT

*FOR **SCHOOL OF NURSING FACULTY** PREGNANCY DISABILITY ONLY, PLEASE COMPLETE BELOW:

FUND	DEPT ID	PROJECT	FUNCTION	FLEXFIELD	ANNUAL APU (X +X ¹) RATE	% EFFORT

SIGNATURES/ APPROVALS

If you are on a Special Leave of Absence without pay, his/her group Life Insurance and Health Plan coverage will terminate unless he/she makes special arrangements for continuance. If the employee does not make arrangements for such continuance, and the leave period exceeds two month, he/she must take action to restore his/her coverage upon return. Re-establishment of coverage is not automatic		EMPLOYEE	DATE
PREPARED BY	PHONE NUMBER	DEPARTMENT CHAIRPERSON	DATE
VICE/ ASSOCIATE DEAN, ACADEMIC AFFAIRS	DATE	PROVOST/ VICE PROVOST, ACADEMIC AFFAIRS	DATE
RETN: ACCOUNTING – 5 YEARS AFTER SEPARATION ACADEMIC PERSONNEL – 5 YEARS OTHER COPIES 0 – 5 YEARS AFTER SEPARATION DEPARTMENT TEMPORARY COPY–UNTIL ACTION TAKEN		CHANCELLOR	DATE

Routing Instructions

1. Shared Services generalist forwards academic leave of absence request form to Academic Affairs specialist
2. Academic Affairs specialist obtains approval and sends approved form back to Shared Services generalist
3. Shared Services generalist sends form to transaction unit for keying

POLICY REFERENCE FOR LEAVE OF ABSENCE						
LEAVE TYPE	Child bearing/ extended illness (Faculty)	Child bearing/ extended illness (Non-Faculty)	FMLA, Parental Leave	Personal (LWOP)	Military Leave	Governmental Leave
APM	Follow your Department/ School's comp plan (see also APM 670)	APM 710	APM 715, 760	APM 759	APM 751	APM 750

Use this form for Academics: Authorized leaves of absence with full salary for periods in excess of seven days, and authorized leaves of absence without salary or with partial salary.

Pay Period of Leave and Academic Year Service Quarters Affected: Indicate begin date for pay period of leave. The return date is the day after the pay period ends, and the employee's records will revert to active status.

Disposition of Work While on Leave: For academic teaching titles, indicate courses and names of persons to be in charge.

Compensation While on Leave: For academic appointees who are to receive compensation during leave, refer to the Academic Personnel Manual.

Approvals: The Academic Personnel Manual contains policy for authorized approval signatures for academic appointments. Campus Personnel Office must approve forms for staff personnel. Employee's signature is optional on this form except in those cases required by campus procedure. In addition to the signature, the name of each officer who signs and the date of approval should be typed by each office so they appear on all of the remaining copies.

To update address information for W-2 purposes, visit At Your Service: <https://atyourserviceonline.ucop.edu/ayso/>

STATE PRIVACY NOTIFICATION

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 pay checks. University policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for 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 Personnel Offices.

The officials responsible for maintaining the information contained on this form: Office of the President and Campus Academic and Staff Personnel Managers or Campus Accounting Offices.