

**UC ANR
LEAVE REQUEST FORM**

Initiator Name:	Relationship to Employee:
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EMPLOYEE INFORMATION

Employee Name:	Employee ID:	Supervisor:
Contact Phone #:	Department:	
Home Address:		
Job Title:	Empl Type:	
Work Phone:	Phone:	
Work Email:	Email:	
Employed in Multiple Positions?	Employed on Multiple Campuses?	

ABSENCE INFORMATION

Start Date:	Anticipated Return Date:
Request Type:	

Describe intermittent or reduced schedule (e.g., "up to 2-3 sick days a month"):

LEAVE OF ABSENCE ACTIVITY

I request to use the following leave categories: (DISCLAIMER - IF EXEMPT/MONTHLY PAID EMPLOYEE DO NOT ENTER LWOP ON TIMESHEET)

LEAVE REASON	LOA TYPE	LOA START	LOA END	PAY STATUS TYPE	HOURS USED	COMMENTS
<i>Parental Bonding</i>	<i>Ex. Block</i>	<i>4/1/2019</i>	<i>8/30/2019</i>	<i>Sick</i>	<i>85.00</i>	

EMPLOYEE VERIFICATION SECTION

Verify attachments and/or statements listed below - **Select all that apply:**

<input type="checkbox"/> A completed Medical Certification form is attached	<input type="checkbox"/> I will submit a Medical Certification form within 15 days to my department
<input type="checkbox"/> A Workplace Injury report/work status report (WSR) was submitted	<input type="checkbox"/> I am requesting catastrophic leave donations (Subject to approval)
<input type="checkbox"/> I understand I need to contact UC Davis Benefits Center at 530-752-1774 prior to the leave to learn the benefit impacts	
<input type="checkbox"/> ACADEMIC'S ONLY: Suspend County Director Stipend?	

ACADEMIC NON-FML LEAVE REQUESTS ONLY

Request for leave shall have attached a detailed justification summary report identifying the reason for the proposed time off, destination (if any), any work schedule changes. Also if your program of work will be impacted by the proposal; and if yes, identify how the work will continue in your absence. Director(s) and/or AHR may attach additional comments to the request. All requests are reviewed in accordance to the ANR Administrative Handbook, Section 340. Approval is for a leave of absence. Unless specified, an approved request does not imply authorization for reimbursement of incurred expenses.

SIGNATURES

EMPLOYEE	SUPERVISOR
VICE PROVOST (IF APPLIC.)	ASSOCIATE VICE PRESIDENT (IF APPLIC.)
PROGRAM/REC/CD (IF APPLIC.)	OTHER (IF APPLIC.)
ACADEMIC HR (IF APPLIC.)	HUMAN RESOURCES / LEAVE COORDINATOR

