

**UC ANR  
LEAVE REQUEST FORM**

Initiator Name:	Relationship to Employee:
-----------------	---------------------------

**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:	Leave Type:

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

Indicate the applicable reason(s) for your leave below:

**LEAVE OF ABSENCE ACTIVITY**

I request to use the following leave categories:

LOA TYPE	LOA START	LOA END	PAY STATUS TYPE	HOURS USED
<i>Ex. Block</i>	<i>4/1/2019</i>	<i>8/30/2019</i>	<i>Sick</i>	<i>85</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 UCD Benefits at 530-752-1774 prior to the leave to learn the benefit impacts
ACADEMIC'S ONLY: Suspend County Director Stipend?      Yes      No

**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 SIGNATURE / DATE	ACADEMIC HR SIGNATURE / DATE
VICE PROVOST SIGNATURE / DATE	ASSOCIATE VICE PRESIDENT (IF APPLIC.) SIGNATURE / DATE
PROGRAM/REC/CD (IF APPLIC.) SIGNATURE / DATE	HR SIGNATURE / DATE

**HR VALIDATION OF LEAVE ACTIVITY**

LOA TYPE	LOA START	LOA END	PAY STATUS TYPE	FMLA STATUS	HOURS	COMMENTS