**Leave of Absence Form**

|  |
| --- |
| **employee information** |
| **Employee Name (First, Last, Middle Initial)** |
| **Home Address** | **City** | **State** | **Zip** |
| **Job Title/ Department** | **Telephone Number**  [ ]  HOME [ ]  CELL  |
| **absence information** |
| [ ]  This is a new request. [ ]  This is an update to an existing request. |
| Requested Start Date: | Anticipated Return Date: |
| **type of leave** |
| [ ]  Consecutive Leave of Absence | [ ]  Intermittent Absence (information required below) |
| *For Intermittent Absences, describe your intermittent or reduced work schedule (e.g., “up to 2-3 sick days a month per doctor”). This must be medically necessary and documented in a current medical certification form from your health care provider.* |
| **reason(s) for leave** |
| Please indicate the applicable reason(s) for your leave below. A leave of absence may consist of leave with/without. Paid leave may be used in accordance with applicable policy. Paid leave is required to be used prior to any unpaid leave. For the purposes of a disability claim, paid leave must be used concurrently. During leave [ ]  Employees Own Serious Health Condition (**not work related**)\* [ ]  Care for Ill Parent, Spouse, Child or Domestic Partner\***\* *For leaves due to your own or a Family Member’s Serious Health Condition, a Medical Certification form is required.*** [ ]  A completed [Medical Certification](http://www.ucdmc.ucdavis.edu/hr/hrdepts/labor_relations/fmla_kit.html) form is attached. [ ]  I will submit a [Medical Certification](http://www.ucdmc.ucdavis.edu/hr/hrdepts/labor_relations/fmla_kit.html) form within 15 days to HR. |
|  [ ]  Workplace Injury / Worker’s Compensation  |
|  [ ]  Pregnancy Leave  [ ]  Baby Bonding (Care for Newborn/Placed Child) ***°******°*** *Provide the Date of Birth or Placement of Child*:  |
|  [ ]  Military Leave: Active Duty, Military Caregiver or FML  |
|  [ ]  Personal Leave (Non-Medical Reason) |
| **disability benefits** |
| [ ]  I will file a claim for Disability benefits |
|  |
| Employee Signature: Date: |
| **HR/Supervisor Review** |
| Leave of Absence: | [ ]  Approved  | [ ]  Denied (See notes) |
| FMLA: | [ ]  Approved | [ ]  Denied (See notes) |
| STD: | [ ]  Approved | [ ]  Denied (See notes) |
| Notes/Comments:  |
| Supervisor Signature: Date:  | HR Review: Date:  |