

# LEAVE OF ABSENCE (UCB-AP-L1)

#### For use by academic appointees only to request period of leave for personal reasons. For professional leaves, use form UCB-AP-L2

| EMPLOYEE NAME:                             |       |                  | EMPLOYEE ID:     | DATE PREPARED: |
|--|-------|------------------|------------------|----------------|
| TITLE (Include rank and job code if known) | STEP: | BASIS/PAID OVER: | DEPARTMENT/UNIT: |                |

Complete this form for leaves greater than 7 days in accordance with departmental procedures.

| Type of Leave | Dates of Leave | Academic Service Semester(s)<br>Affected ( <i>if applicable</i> ) | % on<br>Leave | U.C. Compensation<br>During Leave |
|---------------|----------------|---|---------------|-----------------------------------|
|               | -              | Fall Spring   |               |                                   |
|               | -              | Fall Spring   |               |                                   |
|               | -              | Fall Spring   |               |                                   |
|               | -              | Fall Spring   |               |                                   |

| Leave Accrual/Bank Usage, if applicable | Dates of Use | Total Hours Used |  |
|---|--------------|------------------|--|
|   |              | -                |  |
|   |              | -                |  |

| Is this a revised request?         | Yes      | No  |    |                          |
|------------------------------------|----------|-----|----|--------------------------|
| Is this an extension of a previous | s leave? | Yes | No | Dates of previous leave: |

Specific purpose of leave: (i.e. personal illness, taking care of family member, childbearing, bereavement, etc.)

#### Disposition of work while on leave:

| Is applicant a Principal Investigator? | Yes | No | if applicable Substitute: | Agency approval? | Yes  | No |
|--|-----|----|---------------------------|------------------|------|----|
| Additional Comments:                   |     |    |                           |                  |      |    |
|  |     |    | EMPLOYEE SIGNATURE        |                  | Date |    |
|  |     |    |                           |                  |      |    |

**APPROVALS** (No UCPath update without required approval)

### If FMLA, CFRA, or CA-PDL apply, the relevant FML documents must be attached.

| Principal Investigator/Supervisor, if applicable | Date | Dean or Vice Chancellor                                 | Date   |
|--|------|---|--------|
| Home Department Chair or Faculty Director        | Date | Additional Dean or Vice Chancellor                      | Date   |
| Additional Department Chair or Faculty Director  | Date | Vice Provost (For leaves not delegated to the Dean/VC.) | Date   |
| 01/2025  |      |   | UCB AF |



# **INFORMATION ON PERSONAL LEAVES**

## MEDICAL LEAVES (including Pregnancy and Child-bearing):

- Relevant policies for non-represented appointees are APM 710, 715, and 760.
- Current contract language for represented employees can be found on UCNet.
- All requests must include the relevant certification from a health care provider and FMLA/CFRA eligibility determination.
- Intermittent leaves and leaves on a part-time basis must include a workload plan.
- Leaves for academic year appointees should be entered in UCPath with both service dates (actual period of leave) and the corresponding pay period.
- Individuals utilizing accrued sick leave must document their usage in CalTime.
- Individuals should provide clearance to return to work from their health care provider; supervisors should engage in the interactive process to accommodate any ongoing restrictions.

## FAMILY LEAVES:

- Relevant policies for non-represented appointees are APM 715 and 760.
- Current contract language for represented employees can be found on UCNet.
- All requests for care of a seriously ill family member or military caregiver leave must include the relevant certification from a health care provider, declaration of relationship form, and FMLA/CFRA eligibility determination.
- The use of the UC Pay for Family Care & Bonding program is limited to FMLA/CFRA-eligible employees for qualifying events. Review APM 715-20(a) for further details.
- Intermittent leaves and leaves on a part-time basis must include a workload plan.
- Leaves for academic year appointees should be entered in UCPath with both service dates (actual period of leave) and the corresponding pay period.
- Individuals utilizing accrued sick or vacation leave must document their usage in CalTime.

## OTHER LEAVES:

- Relevant policies for non-represented appointees are APM 730, 758, and 759.
- Current contract language for represented employees can be found on UCNet.
- Confirmation of jury service may be requested by the department or research unit.
- Intermittent leaves and leaves on a part-time basis must include a workload plan.
- Leaves for academic year appointees should be entered in UCPath with both service dates (actual period of leave) and the corresponding pay period.
- Individuals utilizing accrued sick or vacation leave must document their usage in CalTime.
- Supervisors who take an unpaid leave may need to designate an alternate approver for CalTime.
  Please consult with HR as appropriate.
- Information regarding benefits while on unpaid leave may be found on UCNet.

RETENTION: Five (5) years following separation except retain in cases involving disability, retirement or termination by disciplinary action until age 70.