

University of California, Berkeley
Family Care and Medical Leave of Absence Request

For department use only (Personnel Program or Collective Bargaining Agreement)

Employee to complete top half

<i>Employee's Name</i>		<i>Phone Number</i>	<i>Campus</i>
<i>Department</i>		<i>Title</i>	<i>Employee ID Number</i>
<input type="checkbox"/> 1 Initial application		<input type="checkbox"/> 2 Amendment to LOA request (<i>specify date of LOA</i>)	
<i>Reason for Leave of Absence</i> <input type="checkbox"/> 3 own illness (not work-related) <input type="checkbox"/> 4 care for ill parent/spouse/child <input type="checkbox"/> 5 work-incurred disability <input type="checkbox"/> 6 other (<i>specify</i>)		<input type="checkbox"/> 7 pregnancy disability <input type="checkbox"/> 8 care for newborn/adopted child <i>Date of Birth/Placement</i>	<i>Circle Y for yes or N for no</i> Do you have UC medical insurance? Y N Are you currently on another leave? Y N Do you have UC dental insurance? Y N Have you or will you be filing a University Do you have UC optical insurance? Y N Disability Insurance claim? Y N
<i>Requested start date</i>	<i>Anticipated end date</i>	<i>Requested intermittent or reduced work schedule</i>	
<i>A leave of absence is normally a leave without pay. Paid leave (using accrued sick leave or vacation) shall be substituted for all or a portion of the unpaid leave in accordance with the appropriate policies/contracts.</i>			
<input type="checkbox"/> 9 I wish to use paid leave as indicated (<i>attach pages, as needed</i>)		<i>Date Begins (month/day/year)</i>	<i>Date Ends (month/day/year)</i>
<i>Hours</i>			
	accrued sick leave		
	accrued vacation leave		
	accrued COMP time (<i>doesn't count as FMLA</i>)		
<i>Employee's Signature</i>		<i>Date</i>	<i>Phone Number</i>

Department to complete remainder

<input type="checkbox"/> 10 Your requested leave of absence is approved		<i>Date Begins (month/day/year)</i>	<i>Date Ends (month/day/year)</i>
<i>Days</i>	<i>Weeks</i>		
	qualify as FMLA leave under Federal law		
	qualify as Calif Family Rights Act leave under State law		
	qualify as Pregnancy Disability Leave under State law		
<input type="checkbox"/> 11 Your requested leave for family or medical purposes has been denied because it does not meet the Federal/State law requirements for the following reasons			
<input type="checkbox"/> 12 Your requested leave has been denied for the following reasons			
<i>Hours Applied</i>		<i>Pay Status During Leave of Absence</i>	<i>Date Begins (month/day/year)</i> <i>Date Ends (month/day/year)</i>
	sick leave		
	extended sick leave		
	vacation		
	leave without pay		
	COMP time (<i>Doesn't count as FMLA</i>)		
<i>Supervisor's Signature</i>		<i>Date</i>	<i>Phone Number</i>
		<i>Department Head's Signature</i>	<i>Date</i> <i>Phone Number</i>

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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 requests for leaves of absence. The federal **Family and Medical Leave Act of 1993** and the University policy authorize maintenance of this information.
- Furnishing all information requested on this form is voluntary. There is no penalty for not completing the form. Information furnished on this form may be used by various University departments for benefits, 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 the Academic Personnel Office.
- The home department is responsible for maintaining the information contained on this form.