



LEAVE OF ABSENCE
University of California, Irvine
(Academic Appointees Only)

EMPLOYEE NAME (Last, First, Middle Initial, Suffix)

Employee ID Number Date Prepared
Home Department Name Zot Address
Academic Rank or Title

LENGTH OF YOUR LEAVE

Leaves of Less than Seven Calendar Days: This form is not required unless the leave is without salary. Use whatever departmental procedures have been established to record these leaves.
Leaves from Seven through Thirty Days during the Service Period: Please complete this form. Obtain the necessary signatures before sending to the Academic Personnel Office.
Leaves Greater than Thirty Calendar Days: Please complete this form. Departments should request approval well in advance of the proposed leave for ALL academic appointees.

TYPES OF LEAVE WITH SALARY

There are various types of leaves with salary. The length of leave will determine what procedure(s) are used to record the leave in the Payroll/Personnel EDB System.
PLEASE CHECK THE LEAVE TYPE THAT APPLIES:
04 PREGNANCY DISABILITY
05 EXTENDED ILLNESS (More than 6 months)
06 GOVERNMENT/PUBLIC SERVICE
07 PROFESSIONAL DEVELOPMENT
11 MILITARY LEAVE WITH PAY
12 SPECIAL RESEARCH
13 ADMINISTRATIVE
16 FAMILY AND MEDICAL LEAVE
91 WORKER'S COMPENSATION (80% Extended Sick Leave)
92 ILLNESS (Less than or equal to 6 months)
99 OTHER

TYPES OF LEAVE WITHOUT SALARY

For any leave of absence without salary of seven calendar days or more, this form is required. Contact your Dean's office for processing procedures.
PLEASE CHECK THE LEAVE TYPE THAT APPLIES:
04 PREGNANCY DISABILITY
05 EXTENDED ILLNESS (More than 6 months)
06 GOVERNMENT/PUBLIC SERVICE
07 PROFESSIONAL DEVELOPMENT
08 PERSONAL
09 WORKER'S COMPENSATION (Extended Sick Leave without pay)
12 SPECIAL RESEARCH
13 ADMINISTRATIVE
15 FAMILY AND MEDICAL LEAVE
18 NON-SENATE FACULTY BENEFITS BRIDGE
92 ILLNESS (Less than or equal to 6 months)
93 MILITARY LEAVE WITHOUT PAY
99 OTHER

PURPOSE OF YOUR LEAVE

Indicate Specific Purpose of Leave:
Disposition of Work While on Leave:
Comments:

COMPENSATION RECEIVED WHILE ON LEAVE

Pay Period Dates: (Complete for all Academic Appointees)
Service Period Dates: (Academic Year Appointees ONLY)
Is this an extension of a previous leave? Yes No
Please indicate salary you will receive:
Regular Salary No Salary Partial Salary %
Other sources of income while on Leave:
If vacation hours are used, indicate number of hours.
Is Applicant a Principal Investigator? Yes No
Substitute
Agency Approval? Yes No

APPROVALS No EDB update without required approval

EMPLOYEE Date
Principal Investigator Date
Department Chair Date
Dean Date
Office of the Executive Vice Chancellor Date

State 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 pay checks. University policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory--failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for 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 Academic Personnel Offices.

This information is being requested by the Office of Academic Personnel, as Office of Record for this information. Questions should be directed to the Associate Director, Office of Academic Personnel, 354 Administration Building, (949) 824-7175.

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