

# LEAVE REQUEST

## For Academic Student Employees

(FOR LEAVES OTHER THAN CHILDBIRTH ACCOMMODATION)



**FOR DEPARTMENT USE ONLY:**  
Academic Student Employee (ASE)  
Collective Bargaining Agreement Article 17

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Employee:		Employee ID:		Telephone:	
Department:		Title: <input type="checkbox"/> Teaching Assistant/Associate <input type="checkbox"/> Graduate Student Researcher		Quarter/Year with active appointment: <input type="checkbox"/> Fall Appt% <input type="checkbox"/> Winter Appt% <input type="checkbox"/> Spring Appt%	
<b>Please submit this form at least 30 days prior to the requested leave, or as soon as practicable when the need for leave becomes known.</b>		<b>Reason For Leave:</b> <input type="checkbox"/> Pregnancy Disability Leave <input type="checkbox"/> Medical Leave (for the employee) <input type="checkbox"/> Family-Related Leave (care for family member) <input type="checkbox"/> Care for Newborn/Placed Child      Date of Birth/Placement: _____ <input type="checkbox"/> Other (specify): _____			
		Requested start date:			
Anticipated return date:					
Employee's signature:			Date:		
<b>This form is for interdepartmental use only. Please do not submit to Graduate Division.</b> <b>The employee may be required to provide appropriate documentation for any leave request.</b>					

**APPROVAL OF LEAVE REQUEST**

Your requested leave is approved and \_\_\_\_\_ Begins on \_\_\_\_\_ MM/DD/YY and ends on \_\_\_\_\_ MM/DD/YY  
 \_\_\_/\_\_\_ days/weeks qualify as Long-Term Medical or Family-Related Leave under the current Agreement between the University of California and the UAW.

**PAY STATUS DURING LEAVE**

Leave With Pay \_\_\_\_\_ hours to be applied      Begins on \_\_\_\_\_ MM/DD/YY and ends on \_\_\_\_\_ MM/DD/YY  
 Leave Without Pay \_\_\_\_\_ hours to be applied      Begins on \_\_\_\_\_ MM/DD/YY and ends on \_\_\_\_\_ MM/DD/YY  
 (Attach additional sheets if necessary.)

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department head's signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEE REVERSE FOR PRIVACY NOTIFICATION

Please refer to the Agreement between the University of California and the UAW for leave policies.

**NOTE: This form is for requests for leave from employment ONLY. DO NOT use this form to request Academic Leaves of Absence.**

## **PRIVACY NOTIFICATION**

### **STATE**

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 from employment duties.

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 Academic Personnel Offices.

The employee's home department is responsible for maintaining the information contained on the form.