



# EMPLOYEES REQUEST FOR LEAVE OF ABSENCE

Human Resources

Employee Support Services One Washington Square San Jose, CA 95192-0046

408-924-2250 408-924-1701 (fax)

**Instructions:** Complete this request and submit it to the appropriate department administrator. Forward to Human Resources, Employee Support Services, UPD Building, 0046 for review and processing. Please print using blue or black ink.

EMPLOYEE INFORMATION		
Employee's Name:	Home Phone Number:	Employee ID Number:
Department/College Name:	Classification:	Campus Phone Number:
Emergency Contact Name and Address:		Emergency Contact Phone Number:
<input type="checkbox"/> <b>MEDICAL/FAMILY CARE</b> - Additional paperwork is required for FML leave. Complete this form and obtain an FML packet from your department supervisor or Human Resources.		
<input type="checkbox"/> Own Illness <input type="checkbox"/> Care for ill parents/spouse/child/domestic partner <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Pregnancy disability <input type="checkbox"/> Care for newborn/adopted child; Date of Birth/Placement: _____ <input type="checkbox"/> Organ Donor Leave <input type="checkbox"/> Service Member Family leave		
Effective Date of Leave: _____      Anticipated Return to Work Date: _____		
Requested Intermittent or Reduced Work Schedule: _____      Last Day Physically Worked: _____		
<input type="checkbox"/> <b>LEAVE WITHOUT PAY</b>		
<input type="checkbox"/> Initial Request for Leave Without Pay <input type="checkbox"/> Request for Extension of Current Leave		
Effective Date of Leave: _____      Return to Work Date: _____      Last Day Physically Worked: _____		
<input type="checkbox"/> <b>MILITARY LEAVE</b>		
<input type="checkbox"/> Temp. Military Leave-Inactive Duty Training <input type="checkbox"/> Emergency Military Leave-Active Duty <input type="checkbox"/> Extension of Military Leave <input type="checkbox"/> Indefinite Military Leave-Active Duty		
Effective Date of Leave: _____      Return to Work Date: _____      Last Day Physically Worked: _____		
Complete this form and obtain a Military Leave packet from Benefits Services. Attach a copy of orders for duty.		
A leave of absence is normally a leave without pay. Paid leave (using accrued sick leave or vacation) may be substituted for all or a portion of the unpaid leave in accordance with appropriate policies and collective bargaining agreements. Indicate if you wish to request use of accrued leave credits:		
Sick Leave: # Hours: _____      Vacation: # Hours: _____      Holiday Credits: # Hours: _____		
Employee's Signature: _____		Date: _____

DEPARTMENT REVIEW	
Signature of Chair/Supervisor/Manager: _____	Date: _____
Signature of Dean/VP/AVP: _____	Date: _____

HUMAN RESOURCES	
<input type="checkbox"/> Reviewed <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
Signature of Employee Support Services Manager: _____	Date: _____