

LEAVE OF ABSENCE (LOA) REQUEST FORM

Academic Student Employees (ASE)
Graduate Student Researchers (GSR)



SECTION I – EMPLOYEE INFORMATION

NAME: _____	STUDENT ID: _____
EMAIL: _____	EMPLOYEE ID: _____
PHONE: _____	DEPARTMENT: _____
Job Code: _____	FTE %: _____ Appointment Duration: _____

SECTION II – LEAVE REQUEST FROM EMPLOYMENT

Request: <input type="checkbox"/> Initial Application <input type="checkbox"/> Amendment to an approved leave on: _____	Leave Term: ACADEMIC YEAR _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer
HAVE YOU TAKEN LEAVE FROM EMPLOYMENT BEFORE DURING THE SAME ACADEMIC YEAR? <input type="checkbox"/> No <input type="checkbox"/> Yes – Provide Leave Type and Dates: _____	
LEAVE TYPE: _____ <small>Medical Certification and/or appropriate documentation may be requested. Refer to LOA REQUEST ELIGIBILITY AND DOCUMENTATION Page.</small>	Intermittent Leave: <input type="checkbox"/> No <input type="checkbox"/> Yes
I AM REQUESTING TO TAKE:	
Anticipated Return to Work Date: _____ <small>MM/DD/YYYY</small>	
Short-Term Leave Paid Day(s): _____ Unpaid Day(s): _____ Begin Date: _____ End Date: _____ Long-Term Leave Paid Day(s): _____ Unpaid Day(s): _____ Begin Date: _____ End Date: _____ Other: _____ Days: _____ Begin Date: _____ End Date: _____	<small>MM/DD/YYYY</small> <small>MM/DD/YYYY</small>
EMPLOYEE SIGNATURE: _____	DATE: _____

SECTION III – HIRING DEPARTMENT REVIEW AND DETERMINATION

<input type="checkbox"/> Your leave request is approved and begins on: _____ and ends on _____ .	
<input type="checkbox"/> Your leave request is not approved for the following reason(s):	
<input type="checkbox"/> Incomplete/Missing documentation (required forms were not submitted and/or incomplete) <input type="checkbox"/> Exceed Leave Entitlement (ASE/GSR used their maximum paid leave allotment for the quarter and/or academic year) <input type="checkbox"/> Leave Type Not Supported (reason for the leave does not fall under a covered leave) <input type="checkbox"/> Other (operational impact, ineligibility based on appointment etc.)	
Pay Status During Leave:	Leave Type: _____
Short-Term Leave Paid Day(s): _____ Unpaid Day(s): _____ Begin Date: _____ End Date: _____ Long-Term Leave Paid Day(s): _____ Unpaid Day(s): _____ Begin Date: _____ End Date: _____ Other: _____ Days: _____ Begin Date: _____ End Date: _____	
Leave Coordinator:	
_____ <small>Print Name</small>	_____ <small>Signature</small>
_____ <small>Date</small>	
Supervisor Approval:	
_____ <small>Print Name</small>	_____ <small>Signature</small>
_____ <small>Date</small>	

LEAVE OF ABSENCE (LOA) REQUEST ELIGIBILITY AND DOCUMENTATION

The University will maintain the confidentiality of health information or information related to domestic violence or sexual assault regarding the ASE/GSR or the ASE/GSR's family member and will not disclose such information except as required by law.

Leave entitlements do not extend beyond the end date of ASE/GSR appointment.

SHORT-TERM LEAVE (Hourly and Salaried Positions)
Purpose: <ul style="list-style-type: none">• Personal illness and/or disability• Birth, adoption, or care of a child, family member¹• Diagnosis, care, or treatment of an existing physical or mental health condition; or preventive care for employee, family member¹, designated person², or persons residing in the ASE/GSR's household• Family emergency• Immigration appointments and/or hearings³• Victim of domestic violence, sexual assault or stalking
Duration: Paid leave for up to two (2) days per quarter.
Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility. ASE/GSR may be asked to provide additional supporting documentation.

LONG-TERM LEAVE (Salaried Positions)
Purpose: <ul style="list-style-type: none">• Own serious health condition as defined under Family and Medical Leave Act (FMLA)⁴ - requires the Certification of Healthcare Provider for Employee's Serious Health Condition Form• To care for a family member¹ who has a serious health condition - requires the Certification of Health Care Provider for Family Member's Serious Medical Condition and Declaration of Relationship Form• To care for and bond with a newborn child or a child placed with the employee for adoption or foster care⁵ - requires the Declaration of Relationship Form• Pregnancy, childbirth or related medical conditions prior to, during and after childbirth⁶ - requires the Certification of Health Care Provider for Pregnancy Disability Leave
Duration: Paid leave for up to eight (8) weeks per academic year (including Summer).
Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility. Employee will need to submit required documentation and certification for review.

PREGNANCY DISABILITY LEAVE (PDL)
Purpose: Pregnancy and/or reasonable accommodation for pregnancy disability, childbirth and related medical conditions ⁷ with continuation of health benefits- requires the Certification of Health Care Provider for Pregnancy Disability Leave
Duration: Up to four (4) months of unpaid leave in a 12-month period. May be supplemented/run concurrently with short-term and long-term paid leave.
Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility. Employee will need to submit required documentation and certification for review.

JURY DUTY
Purpose: For required jury duty service
Duration: Paid leave provided with proof of summons.

Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility. Employee will need to submit required documentation.

BEREAVEMENT LEAVE

Purpose: For leave due to the death of a family member

Duration: Paid leave up to five (5) calendar days per occurrence(s) on days scheduled to work due to the death of a family member¹.

Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility.

OTHER LEAVE

Purpose: For other leaves, including, but not limited to, leave to attend professional meetings and leave to provide services to Government Agencies.

Duration: Paid or unpaid leave must be approved by the department and/or supervisor.

Request Process: Employee submits LOA request form, Page 1 to Hiring Department Leave Coordinator. In consultation with the supervisor will review and determine leave eligibility.

¹ Defined as one's parent, child, spouse, domestic partner, grandparent, grandchild or sibling. Child means the employee's biological child, adopted child, foster child, stepchild, legal ward, or a child for whom the employee stands in loco parentis, who is under 18 years of age or incapable of self-care because of a mental or physical disability. Parent includes the employee's biological parent, foster parent, adoptive parent, stepparent, parent-in-law, legal guardian, or an individual who stood in loco parentis to the employee when the employee was a child.

² Designated person is a person identified by the ASE/GSR at the time the ASE/GSR requests paid short-term leave; limited to one designated person per calendar year.

³ Scheduled by federal immigration officials or the U.S. Department of State with respect to immigration or citizenship status of the employee, spouse, domestic partner, child or parent in accordance with the Immigration Articles of the BX and BR contracts.

⁴ Defined by FMLA as "a serious health condition that makes the employee unable to perform the essential functions of his or her job"

⁵ Leave shall be taken within twelve months of the birth or placement of the child with the employee.

⁶ Any paid leave taken under this leave option shall run concurrently with any leave taken under the Pregnancy Disability leave pursuant to California's Pregnancy Disability Leave Laws

⁷ Per the [California Pregnancy Disability Leave Laws](#)

For Additional Information, see the Leaves Article of the ASE(BX) and GSR(BR) contracts located at:

<https://ucnet.universityofcalifornia.edu/labor/bargaining-units/index.html>

Employee Resources:

- General ASE Employment Information: <https://graduate.ucr.edu/academic-student-employee-ase>
- General GSR Employment Information: <https://graduate.ucr.edu/graduate-student-researcher-gsr>
- Resources for Graduate Student Parents and Caregivers: <https://gsr.ucr.edu/resources-graduate-student-parents-and-caregivers>
- **Child Dependent Health Premium Benefit Program**
- Faculty and Staff Assistance Program: <https://hr.ucr.edu/employee-resources/faculty-and-staff-assistance-program>