



**ASE and GSR LEAVE FROM EMPLOYMENT
REQUEST FORM**

SECTION I – EMPLOYEE INFORMATION		
NAME:	EMPLOYEE ID:	
EMAIL:	TELEPHONE:	
HIRING DEPARTMENT/UNIT:	JOB TITLE:	APPOINTMENT %:

SECTION II – LEAVE REQUEST – See reverse for leave types and eligibility	
REQUEST TYPE: <input type="checkbox"/> Initial Application <input type="checkbox"/> Amendment to an approved leave that began 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: Long-Term Lee	
I AM REQUESTING TO TAKE: _____ (MM/DD/YYYY) _____ (MM/DD/YYYY)	
<input type="checkbox"/> Paid Leave	 Begins on _____ and Ends on _____
<input type="checkbox"/> Unpaid Leave	 Begins on _____ and Ends on _____
<input type="checkbox"/> Anticipated Return to Work Date – <i>only if returning to work in the same academic term:</i> _____	
NOTE: An employee returning to work from leave due to pregnancy, childbirth, or related medical condition, or for a serious health condition must complete and return the Return to Work Certification Form to the AP Leave Administrator prior to the return to work date.	
FOR OTHER LEAVES – Provide a brief explanation for the leave or attach supporting documentation to the request form.	
IS THIS A REQUEST FOR INTERMITTENT LEAVE? <input type="checkbox"/> No <input type="checkbox"/> Yes – For the care of a family member or newborn/placed child: attach proposed work schedule  For a serious health condition and PDLL: include the Certification of Healthcare Provider Form 	
EMPLOYEE SIGNATURE:	DATE:

SECTION III – HIRING DEPARTMENT DECISION	
<input type="checkbox"/> Your requested leave is approved <input type="checkbox"/> Your requested leave is not approved for the following reason(s):	
SUPERVISOR NAME:	TITLE:
SIGNATURE:	DATE:

ASE and GSR LEAVE FROM EMPLOYMENT REQUEST FORM

LONG-TERM LEAVE

Purpose: For the following reasons:

- A serious health condition – **requires** the Certification of Healthcare Provider [Employee’s Serious Health Condition Form](#)
- To care for and bond with a newborn child or adopted child, or foster care – **requires** the [Declaration of Relationship Form](#)
- To care for a family member with a serious health condition – **requires** the [Declaration of Relationship Form](#)
- Pregnancy, childbirth or related medical conditions for the period prior to, during, and after childbirth – **requires** the Certification of Healthcare Provider [Pregnancy Disability Form](#).

Duration: Paid leave for up to 8 weeks per academic year (including summer). Only eligible to Teaching Assistants, Associate Instructors, and GSRs. Additional unpaid leave may be granted but shall not exceed the end date of appointment.

Request Process: Request Form along with the assigned supplemental documentation to the Hiring Department for review and determination. The Hiring Department shall submit the approved leave documents to the Office of Academic Personnel for processing as an Extended Absence in the UCPATH Absence Management module.

SHORT-TERM LEAVE

Purpose: For the following reasons:

- Personal illness and/or disability
- Birth, adoption, or care of a child or family member
- Family emergencies
- Appointments and/or hearings scheduled by federal immigration officials or the U.S. Department of State with respect to immigration or citizenship status of the ASE/GSR, spouse, domestic partner, child or parent

Duration: Paid leave for up to 2 days per quarter (including summer) for salaried ASEs (TAs and Associate Instructors) and GSRs. Additional unpaid leave may be granted but shall not exceed the end date of appointment.
Unpaid for hourly ASEs (Readers and Remedial Tutors).

Request Process: Request Form is submitted to the Hiring Department for review and determination. ASE/GSR may be asked to provide additional supporting documentation. Paid leave shall be treated as normal paid status in UCPATH.

For Unpaid Leave – The ASE/GSR shall report the approved unpaid leave period in Kronos by selecting the Pay Code: **ASE/GSR Unpaid Time Off** and entering the number of scheduled work hours for each day off.

BEREAVEMENT

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

Duration: Paid leave for up to 5 calendar days per occurrence. Additional paid leave may be granted at the Hiring Department’s discretion. Leave shall not exceed the end date of appointment.

Request Process: Request Form is submitted to the Hiring Department for review and determination. Paid leave shall be treated as normal paid status in UCPATH.

JURY DUTY

Purpose: For required jury duty service

Duration: Paid leave for the duration of actual jury duty service. Leave shall not exceed the end date of appointment.

Request Process: Request Form is submitted along with the jury duty summons to the Hiring Department for review and determination. Paid leave shall be treated as normal paid status in UCPATH.

OTHER LEAVES

Purpose: For other leaves, including, but not limited to, leave for service to government agencies and leave to attend professional meetings

Duration: Paid or unpaid leave granted at the Hiring Department’s discretion. Leave shall not exceed the end date of appointment

Request Process: Request Form is submitted to the Hiring Department for review and determination. ASE/GSR may be asked to provide additional supporting documentation. Paid leave shall be treated as normal paid status in UCPATH.

For Unpaid Leave – The ASE/GSR shall report the approved unpaid leave period in Kronos by selecting the Pay Code: **ASE/GSR Unpaid Time Off** and entering the number of scheduled work hours for each day(s) off.