

**SPECIAL LEAVE OF ABSENCE REQUEST FORM
(for UCSF Academic Personnel)**

EMPLOYEE NAME (Last, First)	UCPATH EMPLOYEE ID	TITLE TYPE	
RANK	SERIES	STEP	
DEPARTMENT	SCHOOL	EXTENSION OF PREVIOUS LEAVE YES NO	

Keying instructions for UCPATH:

Last Date Worked:

START DATE	RETURN DATE	LEAVE	FMLA/CFRA/PDLL	PAID/UNPAID	PFCB HOURS

Compensation for periods of paid leave:

START DATE	END DATE	COMPENSATION	CREDIT (Complete for childbearing/childrearing only)

COMMENTS:

SIGNATURES / APPROVALS			
<p>For a leave of absence without pay, Life Insurance and Health Plan coverage will terminate unless the employee makes special arrangements for continuance. If the employee does not make arrangements for such continuance, and the leave period exceeds two months, the employee must take action to restore coverage upon return. Re-establishment of coverage is not automatic.</p>	EMPLOYEE	DATE	
	PREPARED BY	DATE	DEPARTMENT CHAIR
VICE / ASSOCIATE DEAN, ACADEMIC AFFAIRS	DATE	VICE PROVOST, ACADEMIC AFFAIRS	DATE

See [Special Leave of Absence Guide](#) for instructions.

Academic Shared Services Use Only

Adjustments to Pay Components:

Monthly Amount	ERN Code	Instructions to END or REINSTATE ADD'L Pay or Y

PFCB Tracking:

PFCB Eligible	Starting PFCB Balance	PFCB decrement for HSCP	PFCB leave days taken	Total PFCB used this leave	PFCB days remaining this calendar year