



Faculty Leave Request Form

Requestor Information

| | | | |
|--|--|------------------------|--|
| Faculty Requestor: | | | |
| Department/Division: | | | |
| Prepared by (if not requestor): | | Today's Date: | |
| Contact Phone: | | e-mail Address: | |

Type of Activity / Leave Dates

| | Date From: | Date To: | # Days Requested: | Location: (City, State, Country) | Name of Activity, Conference, Research or Payment Sponsor: | Amount of Payment: |
|---|------------|----------|-------------------|----------------------------------|--|--------------------|
| Vacation: Once 384 hours max is reached, leave will no longer accrue. | | | | | | |
| Sick Leave: Maternity, medical, etc. Payment determined by department policy | | | | | | |
| Professional Development: (e.g., conference) 21 days per year or less, depending on your department policy | | | | | | |
| Paid Outside Activities: (e.g., consulting) 21 days per year | | | | | | |
| Contractual Activities: Within the scope of a contract or grant | | | | | | |
| Total Days Requested: | | | | | | |

Impact to Schedule

| | | |
|---|---|--------------------------------|
| Will your time away affect your academic schedule? | Yes | No |
| How will your clinical, teaching and/or academic obligations be covered? | | |
| | Provider Name Covering Services: | Emergency Phone Number: |
| Clinical | | |
| Teaching | | |
| Other | | |

Required Forms

| Form Type | Reasons: |
|--|--|
| Leave of Absence UCI AP-76 http://www.ap.uci.edu/Forms/APforms/UCI-AP-76.pdf | <ul style="list-style-type: none"> Any unpaid leave (including sick leave) Non vacation leaves taken outside of the U.S. for any period of time Leaves greater than 7 days regardless of destination (AP76 is not required if the sole purpose of leave is vacation) |
| Travel Insurance Coverage http://www.ucrips-insurance.org/ | <ul style="list-style-type: none"> Required for travel outside the U.S. on University business |

Review and Approval

| | | | |
|--|--|--------------|--|
| Faculty Requestor Signature: | | Date: | |
| Division Chief (if applicable): | | Date: | |
| Division or Department Administrator: | | Date: | |
| Department Chair: | | Date: | |
| Dean (if applicable): | | Date: | |

Payroll Office Use Only

| | Days/Hours Total | Logged/Entry Date | Entered by | | Days/Hours Total | Logged/Entry Date | Entered by |
|--------------------|------------------|-------------------|------------|----------------------------------|------------------|-------------------|------------|
| Vacation: | | | | Professional Development: | | | |
| Sick Leave: | | | | Paid Outside Activities: | | | |
| | | | | Contractual Activities: | | | |

**Please complete this form and submit it to your departmental Personnel or Business Office
Attach any necessary documents (i.e. email approvals etc.)**