

June 16, 2008

TO: PMI Faculty

RE: Leaves of Absence

UC policy requires faculty absences from campus be documented and have prior approval because, “**faculty are expected to be on campus performing their assigned duties unless a leave is approved and that leave is consistent with University business.**” Prior notification and approval also ensure continuity of staffing and minimal disruption for instructional activities. Furthermore, any incidents or accidents which occur to faculty on unapproved absences may not be covered by benefits. All faculty absences of 7 calendar days or less require departmental approval, and those of greater than 7 days additionally require Dean’s and Chancellor’s approval. Academic personnel policy provides for leave with pay as outlined below.

1. Leave to Attend Professional Meeting/University Business

An appointee may be granted a leave with pay to attend a professional meeting or for University business. If the leave is for 1-7 calendar days, the department chairperson must be notified in writing, using the PMI Short Term Leave of Absence/Vacation form, of the dates, location, name of the organization, and other pertinent information, prior to granting approval. If the leave is for more than 7 calendar days, a Special Leave of Absence form must be completed at least 1 week prior to departure and submitted to the department chairperson who then forwards it for Dean’s and Chancellor’s approval.

2. Vacation

Accrued vacation shall be used at a time or times in keeping with the program of work being conducted by the appointee and approved by the chairperson. Notification of vacation plans shall be submitted in writing to the department chairperson at least 1 week prior to departure, using the PMI Short Term Leave of Absence/Vacation form. A 1-week notification is mandatory if the absence will exceed 7 calendar days.

3. Sick Leave

As a general rule, academic appointees do not accrue sick leave credit. In the event that you are ill, the policy states the department chairperson has the authority to approve sick leave up to 7 calendar days. You must notify the chairperson at the onset of the leave. For any leave over 7 days and under 1 year a Special Leave of Absence form must be submitted for approval by the Dean and the Chancellor. The Office of the President has the sole authority to approve leave requests that extend past 1 year.

If you have any questions, please contact Tracy Ligtenberg at 2-9351, Sarah Tuck at 2-1385, or Dennis Wilson at 2-1385.

**REQUEST FOR SHORT-TERM LEAVE OF ABSENCE/VACATION
DEPARTMENT OF PATHOLOGY, MICROBIOLOGY AND IMMUNOLOGY**

(For business Leave of Absence of more than 7 calendar days, please fill out the UC Leave of Absence form)

Name: _____ Date: _____

Absence Requested From: _____ To: _____ Return to Work: _____

Contact During Absence: _____

Type of Leave: ___ University Business ___ Vacation ___ Furlough

If this absence includes more than one event (e.g., conference 2 days plus vacation 3 days), please complete the specifics for each event, using more than one form if needed. Examples of reasons for leave request are as follows: Speaking engagement/Presentation/Conference/Meeting/Field study/Research Collaboration/Vacation/Sick leave/Family care/Other, Etc. If research collaboration, state name(s) of collaborator(s).

1. Reason for Leave: _____ **From:** _____ **To:** _____

Organization, Topic, Title of Paper, Collaborator(s): _____

Location: _____

Phone/FAX/E-Mail: _____

2. Reason for Leave: _____ **From:** _____ **To:** _____

Organization, Topic, Title of Paper, Collaborator(s): _____

Location: _____

Phone/FAX/E-Mail: _____

I have arranged for the following faculty member(s) to cover my responsibilities during this period:

Name: _____ Will Cover: _____

Name: _____ Will Cover: _____

Travel: *To receive travel reimbursement or travel advance, you must obtain signature from Principle Investigator regarding purpose of travel for inclusive dates.*

___ I Will Request Travel Reimbursement

___ Travel Advance Requested for the Amount of \$ _____ Date Needed: _____

ID # to be charged: _____ PI approval for travel advance: _____
PI Signature

I certify under penalty of perjury under the laws of the State of California that the above is true and correct.

Signed: _____ Approved: _____
Faculty / Employee Department Chair

For Departmental Use Only

Reviewed by: _____ Disposition: _____ Date: _____

Account: _____ %: _____ Hours: _____ Account: _____ %: _____ Hours: _____

Account: _____ %: _____ Hours: _____ Account: _____ %: _____ Hours: _____

Account: _____ %: _____ Hours: _____ Account: _____ %: _____ Hours: _____