## **Faculty Leave Request Form**



racuity L		rcquest	1 01 11	<b>4</b>	Disco	ver • leach • meal		
Requestor Informat	ion							
Faculty Requestor:								
Department/Division	n:							
Prepared by (if not requestor):			Today's Date:					
Contact Phone:			e-mail Address:					
Type of Activity / Lo	eave Dates							
		ate om:	To: # Days Reques		Name of Activit Research or Pa		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 <b>Total Days Requested:</b>								
Total Bujo Itoquesteur								
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 Na	me Covering S	Services:		Emerge	Emergency Phone Number:		
Clinical								
Teaching								
Other								
Required Forms								
Form Type			Reasons:  • Any unpaid leave (including sick leave)					
Leave of Absence UCI AP-76			<ul> <li>Non vacation leaves taken outside of the U.S. for any period of time</li> </ul>					
http://www.ap.uci.edu/Forms/APforms/U		UCI-AP-76.pdf	• Leaves greater than 7 days regardless of destination (AP76 is not					
T 11 C			required if the sole purpose of leave is vacation)					
Travel Insurance Coverage <a href="http://www.uctrips-insurance.org/">http://www.uctrips-insurance.org/</a>			Required for travel outside the U.S. on University business					
Review and Approv	al		1104			1010) 0 40111000		
Faculty Requestor Signature:						Date:		
Division Chief (if ap	plicable):					Date:		
Division or Department Administrator:						Date:		
Department Chair:						Date:		
Dean (if applicable):						Date:		
Payroll Office Use C	Only					1		
	Days/Hours Total	Logged/Entry Date	Entered by		Days/Hours Total	Logged/Entry Date	Entered by	
Vacation:	- 0000	- ***		Professional Development:	- 2000			
Sick Leave:				Paid Outside Activities: Contractual Activities:				
			1	Contractual Activities:			1	

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