

Postdoctoral Scholar (PX Unit) Leaves

Updated for terms and conditions for the collective bargaining agreement,
12/09/2022 – 09/30/2027



Comprehensive leave guidance to help you along the way

Postdoctoral Scholar (PX Unit)

This leaves packet applies ONLY to Postdoctoral Scholars (PX Unit) employees in the following titles:

Title codes: 3252, 3253, 3254, 3255, 3256
POSTDOCTORAL SCHOLAR - EMPLOYEE
POSTDOCTORAL SCHOLAR - FELLOW
POSTDOCTORAL SCHOLAR - PAID DIRECT
POSTDOCTORAL SCHOLAR - EMPLOYEE NEX
INTERIM POSTDOCTORAL SCHOLAR - EMPLOYEE

Note: These are the primary UC Davis Schools of Health title/title codes used. If you are unsure of your title, click here: [Where to find your title in UC Path](#)

PLEASE READ

FAMILY AND MEDICAL LEAVE (FML) IS JOB PROTECTION, NOT PAY.

This packet describes both your leave entitlements and income replacement options. It is important to understand these are not the same. Leave entitlements describe the types of “protected” leave to which you are entitled under University policy (incorporating federal and state laws, including FMLA, CRFA, etc.). “Protected” leaves are time you can be away from work (unpaid) and for which the University is not permitted to respond with an adverse employment action (e.g., discipline, termination, etc.). Income replacement describes the policies and procedures under University policy whereby you can continue to receive income notwithstanding that you are not working (i.e., on leave).

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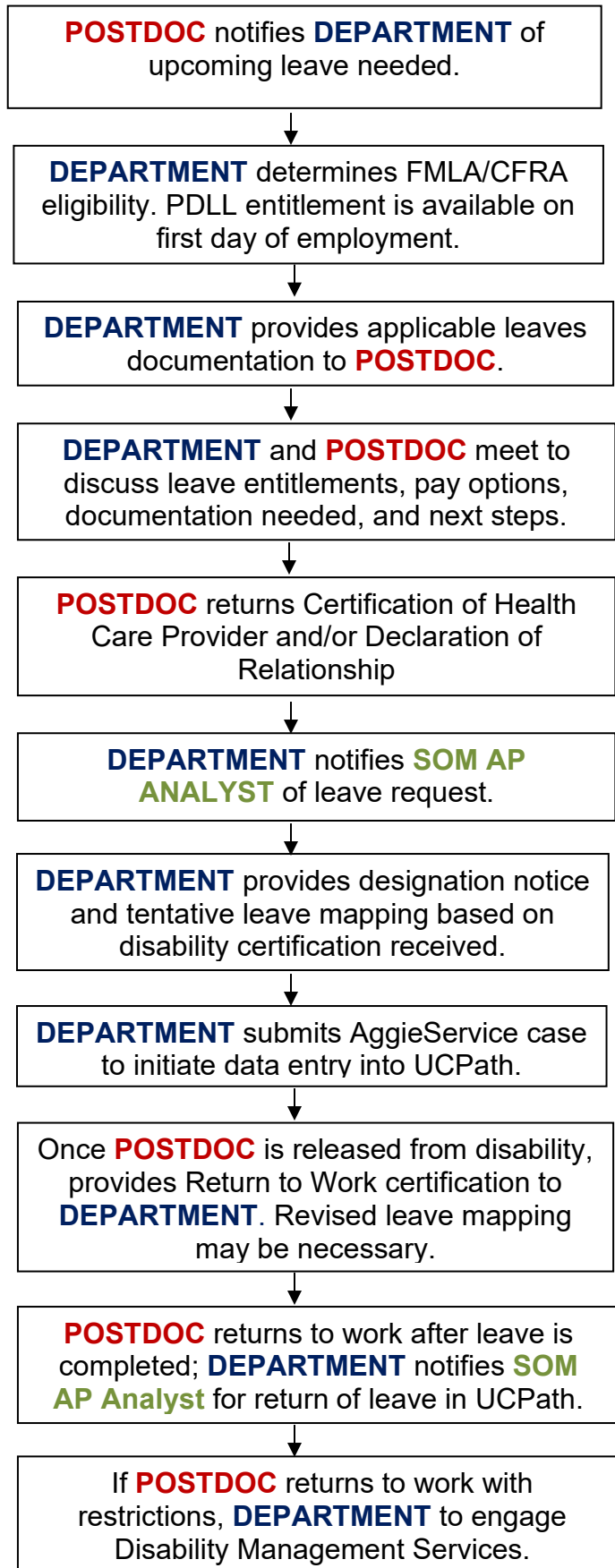
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Leave Process



Leave Entitlements

The following leave entitlement information applies to eligible leaves in applicable postdoctoral scholar titles. Compensation for leaves is discussed on the following page, Pay Options.

Family and Medical Leave (FML) is a job and benefit protected leave provided under any of the following statutes:

- **Pregnancy Disability Leave Law (PDLL, State entitlement)** – provides eligible employees with up to four (4) months of unpaid, job-protected disability leave per pregnancy.

An employee disabled by pregnancy, childbirth, or a related medical condition is entitled to up to four months of disability leave per pregnancy. Leave can be taken before and after birth, during any period the employee is physically unable to work (period of disability) because of pregnancy or a pregnancy-related condition, including prenatal care. All leave taken in connection with a specific pregnancy counts toward computing the four-month period.

Generally, the pregnancy disability period is two to four weeks in advance of the child's date of birth, and six to eight weeks after the child's date of birth, dependent on type of delivery.

Eligibility – available upon hire; certified by a health care provider* that they are unable to work because of pregnancy, childbirth, recovery, and/or related medical conditions. There are no service or hours requirements for this entitlement.

- **Family and Medical Leave Act (FMLA, Federal entitlement)** – provides eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave per calendar year.

Eligibility - at least 12 months of cumulative University service and 1,250 hours worked in the 12 months immediately preceding the commencement of the leave. Hours worked include overtime but not holiday, vacation, sick leave, or other paid leaves.

- **California Family Rights Act (CFRA, State entitlement)** – provides eligible employees with up to twelve (12) workweeks of unpaid, job-protected leave per calendar.

If used, CFRA must be taken within 12 months of the child's birth. It need not be a continuous leave but should be taken in at least two (2) week increments. On two occasions, you may take leave in smaller increments of time.

Eligibility - at least 12 months of cumulative University service and 1,250 hours worked in the 12 months immediately preceding the commencement of the leave. Hours worked include overtime but not holiday, vacation, sick leave, or other paid leaves.

For Pregnancy leave, PDLL and FMLA (when FMLA eligible) run concurrently. Once the pregnancy disability period (PDLL) has ended, determined by a health care provider/return to work (released from disability) certification, the employee may transition to their CFRA bonding entitlement, which runs concurrently with any remaining FMLA. It is recommended that the employee take at least one day of CFRA after the PDLL period has ended for eligibility purposes. Employees who return directly after their PDLL period has ended will need to requalify (regarding the number of hours worked) for the CFRA/ bonding period.

For all other leave types, FMLA/CFRA run concurrently. The start of FMLA/CFRA is dependent on the information provided by the physician on a Certification of Health Care Provider for Employee's (or Family) Serious Health Condition form, comprehensive doctor's note, or baby's date of birth in instances of parental bonding.

PDLL/FMLA/CFRA protected leaves entitle eligible employees of covered employers to take unpaid, job-protected leave with continuation of group health insurance coverage under the same terms and conditions as if the employee were working.

Additional Information:

UC Davis administers FMLA/CFRA on a calendar year basis.

- A "rolling 12-month period" will be used to calculate hours worked in determining if an employee is eligible for an FMLA/CFRA leave.
- FMLA/CFRA eligibility is re-calculated at the start of every calendar year, which includes FMLA/CFRA leaves in process. This means, for leaves that cross calendar years, eligibility is checked twice: 1) once for the 12 months immediately preceding the commencement of the leave (for the current year benefit), and then again for the 12 months immediately preceding the start of the new calendar year (for the new year benefit).
- Any FMLA/CFRA leave used in the calendar year will decrease your total FMLA/CFRA allotment for that calendar year.
- If an employee takes less than the full amount of leave allowed, they do not need to re-qualify (regarding the number of hours worked) to take additional leave for the original reason within the 12-month period. If the additional leave is for a different reason than the original leave, the employee must re-qualify.

Employees not currently eligible for FMLA/CFRA leave entitlements may work with their respective departments to coordinate and obtain approval for the necessary time away for their leave. Note: Personal leaves are not protected under PDLL, FMLA or CFRA.

Protected Sick Leave:

- **Protected Sick Leave** – provides eligible academic employees six (6) days of paid, job-protected leave per calendar year. This benefit is to be used in whole "day" increments

proportionate to an employee's appointment percentage, with 100% time equating to 8 hours, and resets January 1st each year.

An academic employee's paid sick leave bank is protected paid sick leave, prohibiting any form of retaliation or discrimination for its use, if the employee uses the days for any of the purposes specified below and complies with proper notice requirements.

Employees may use protected paid sick leave for the diagnosis, care, or treatment of an existing physical or mental health condition of an employee or an employee's family member; preventive care for an employee or an employee's family member; or, for an employee who is a victim of domestic violence, sexual assault, or stalking.

For further information regarding protected sick leave, please see [PX Side Letter- Expansion of Paid Sick Leave](#)

***Certification by a health care provider.** Under the FMLA, the definition of health care provider includes, but is not limited to the following: doctor of medicine or osteopathy, physician assistant, nurse practitioner, podiatrist, dentist, nurse-midwife, clinical psychologist, clinical social worker, optometrist, chiropractor, Christian Science practitioner, and any provider covered under the employer group health plans, including foreign countries. Other health care providers may be acceptable, please contact AP for guidance.

Leave Laws

The following is a guide regarding federal and California state disability leave laws. Please be advised you must confer with your Academic Personnel (AP) department analyst regarding your eligibility for protected leave under the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA).

Type of Leave	Duration	Benefit	Eligibility Requirements and Use
Pregnancy Disability Leave Laws (PDLL)	Up to 4-months	<ul style="list-style-type: none"> Job protected leave Eligible for benefit continuation of employer contribution for medical/dental/vision 	Childbearing employees are eligible for up to 4 mos. of pregnancy disability leave regardless of the length of time worked for UC Davis. PDLL may be taken when disabled by pregnancy, childbirth, or a related medical condition, for example: time off for prenatal care, severe morning sickness, doctor-ordered bed rest, childbirth, recovery from childbirth, and any related medical condition.
Family and Medical Leave Act (FMLA)	Up to 12-weeks per calendar year	<ul style="list-style-type: none"> Job protected leave Eligible for benefit continuation of employer contribution for medical/dental/vision 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 12 mos. cumulative UC service 1250 actual hours worked in the prior 12 mos. <p>For pregnancies, FMLA runs concurrently with PDLL for any period of incapacity due to pregnancy or for prenatal care (e.g. see medical conditions listed above).</p> <p>For Employee's SHC, Family SHC, and non-pregnancy parental bonding, FMLA and CFRA run concurrently.</p>
California Family Rights Act (CFRA)	Up to 12-weeks per calendar year	<ul style="list-style-type: none"> Job protected leave Eligible for benefit continuation of employer contribution for medical/dental/vision 	<p>Eligibility requirements:</p> <ol style="list-style-type: none"> 12 mos. cumulative UC service 1250 actual hours worked in the prior 12 mos. <p>If employees were eligible for FMLA at the time of your pregnancy leave, you will be eligible for an additional 12 weeks of protected leave to bond with the child as long as at least one day of bonding leave is taking after PDLL has ended. Leave must occur within 1-year of the birth of the child.</p> <p>For Employee's SHC, Family SHC, and non-pregnancy parental bonding, FMLA and CFRA run concurrently.</p>

This section describes the unique leave pay benefits bargained by the University into the post-doctoral scholars' collective bargaining agreement. The leave pay options described in this section are exclusive to post-doctoral scholars. Leave pay options for employees outside the post-doctoral scholars' bargaining unit only apply to post-doctoral scholars to the extent they are incorporated into the collective bargaining agreement.

While protected leave entitlements such as PDLL, FMLA, and CFRA are unpaid, postdoctoral scholars may have several options to receive compensation while on leave. Potential pay options have been broken into the four major leave reasons – Pregnancy, Parental Leave, Employee's Serious Health Condition, and Family Serious Health Condition.

PREGNANCY

- **Disability Leave Pay** – An employee disabled due their own serious health condition, may file a disability claim with UC's disability provider for *partial* salary disability pay through their medical disability.
 - **Short-Term Disability (STD)** – UC provided benefit for Postdoctoral Scholars. The plan shall pay a weekly benefit equal to 70% of the Postdoctoral Scholar's weekly earnings, up to the maximum allowed by the PSBP Short Term Disability Plan (max \$1,000 per week).
 - The six-month benefit period includes a 7-calendar day waiting period before you begin receiving benefits, and you must use 5 days of sick leave, if available. Note: If sick leave is exhausted, the employee may elect to use PTO before taking FML without pay.
 - **Voluntary Long-Term Disability (VLTD)** – Employee elected/paid benefit for long-term disability. VLTD offers 60% of your eligible earnings, with a maximum benefit payment of \$4,500 per month.
 - The benefit doesn't start until six months after your date of disability or when Voluntary Short-Term Disability benefits ends, whichever is later.
 - Since this type of plan doesn't pay for the first six months of disability, it will not offer benefits during a standard pregnancy leave.
- **Postdoc Sick Leave Pay** – Employees may use sick leave for full pay to cover their pregnancy disability leave, if available and not filing a disability claim. Postdoc sick leave pay may not be used to supplement partial disability pay. Note: If enrolled in and making use of STD, employees are expected to use up to 5 days of accrued sick leave, if available.
- **Postdoc PTO Pay** – Employees may use PTO for full pay to cover their pregnancy disability leave, if available and not filing a disability claim. Note: Postdoc PTO pay may not be used to supplement partial disability pay.

- **Leave without Pay** – While not a pay option, leave without pay status is an available option should an employee need to be out on an approved leave and have no pay options available.

Please see the [Postdoctoral Scholar Disability Document](#) for additional information on disability plan benefits. For disability insurance questions, including how to file, please contact benefits@ucdavis.edu.

Please continue to next page for Parental Leave pay information.

PARENTAL LEAVE

Parental Leave must be initiated and concluded within one (1) year (twelve (12) month period) of the event of the birth or placement of the child. The birth or placement of one (1) or more children at the same time constitutes a single event of birth or placement. The University provides twelve (12) unpaid workweeks of Parental Leave for birth or placement of child. The Postdoctoral Scholar may use Personal Time Off, and/or Postdoctoral Paid Family Leave (PPFL) benefit to remain on pay status during this period. A Postdoctoral Scholar may only use one type of paid leave option at a time.

- **Postdoctoral Paid Family Leave (PPFL)** - Provides income replacement of 100% of eligible earnings for up to eight workweeks per calendar year for a qualifying reason, including to bond with a new child. If the Postdoctoral Scholar has an appointment of less than 100%, the paid family care paid leave option shall be prorated on the percentage of effort in effect during the leave.

PPFL ends when either a) the paid leave is exhausted; or b) at the appointment end date, whichever comes first. The leave will not continue beyond the end date of the Postdoctoral Scholar's appointment.

Eligibility - the employee must be on an approved block leave of absence for parental bonding. When a Postdoctoral Scholar is eligible for FML, any PPFL shall run concurrently with FMLA. When a Postdoctoral Scholar is not eligible for FML, PPFL shall be taken as a Personal Leave.

- **Postdoc PTO Pay** – Employees may use PTO time for full pay to cover any combination of parental leave not covered by the PPFL pay benefit or if PPFL benefit is exhausted, etc.
- **Leave without Pay** – While not a pay option, leave without pay status is an available option should an employee need to be out on an approved leave and have no pay options available.

Please continue to next page for Employee's Serious Health Condition pay information.

EMPLOYEE'S SERIOUS HEALTH CONDITION

- **Disability Leave Pay** – An employee disabled due to their own serious health condition, may file a disability claim with UC's disability provider for *partial* salary disability pay through their medical disability.
 - **Short-Term Disability (STD)** – UC provided benefit for Postdoctoral Scholars. The plan shall pay a weekly benefit equal to 70% of the Postdoctoral Scholar's weekly earnings, up to the maximum allowed by the PSBP Short Term Disability Plan (max \$1,000 per week).
 - The six-month benefit period includes a 7-calendar day waiting period before you begin receiving benefits, and you must use 5 days of sick leave, if available. Note: If sick leave is exhausted, the employee may elect to use PTO before taking FML without pay.
 - **Voluntary Long-Term Disability (VLTD)** – Employee elected/paid benefit for long-term disability. VLTD offers 60% of your eligible earnings, with a maximum benefit payment of \$4,500 per month.
 - The benefit doesn't start until six months after your date of disability or when Voluntary Short-Term Disability benefits ends, whichever is later.
 - Since this type of plan doesn't pay for the first six months of disability, it will not offer benefits during a standard pregnancy leave.
- **Postdoc Sick Leave Pay** – Employees may use accrued sick leave for full pay to cover leave for their own serious health condition. Postdoc sick leave pay may not be used to supplement partial disability pay. Note: If enrolled in and making use of STD, employees are expected to use up to 5 days of accrued sick leave, if available.
- **Postdoc PTO Pay** – Employees on leave for their own serious health condition may use Personal Time Off prior to taking FML without pay. Note: Postdoc PTO pay may not be used to supplement partial disability pay.

Please see [UCs postdoctoral scholar benefits plan](#) for additional information on disability plan benefits. For disability insurance questions, including how to file, please contact benefits@ucdavis.edu.

Please continue to next page for Family Serious Health Condition pay information.

FAMILY SERIOUS HEALTH CONDITION

- **Postdoctoral Paid Family Leave (PPFL)** - Provides income replacement of 100% of eligible earnings for up to eight workweeks per calendar year for a qualifying reason, including to care for a family member with a serious health condition. If the Postdoctoral Scholar has an appointment of less than 100%, the paid family care paid leave option shall be prorated on the percentage of effort in effect during the leave.

PPFL ends when either a) the paid leave is exhausted; or b) at the appointment end date, whichever comes first. The leave will not continue beyond the end date of the Postdoctoral Scholar's appointment.

Eligibility - the employee must be on an approved block leave of absence to care for a family member with a serious health condition. When a Postdoctoral Scholar is eligible for FML, any PPFL shall run concurrently with FML. When a Postdoctoral Scholar is not eligible for FML, PPFL shall be taken as a Personal Leave.

- **Postdoc Sick Leave Pay** – Employees may use accrued sick leave for full pay to cover any combination of their family member's serious health condition leave not covered by the PPFL pay benefit or if PPFL benefit exhausted, etc. Sick leave may be used for medical appointments of a family member and/or to attend to the illness of a family member.
- **Postdoc PTO Pay** – Employees may use PTO time for full pay to cover any combination of their family member's serious health condition leave not covered by the PPFL pay benefit or if PPFL benefit exhausted, etc.
- **Leave without Pay** – While not a pay option, leave without pay status is an available option should an employee need to be out on an approved leave and have no pay options available.

The following forms and documentation apply to all leave requests for postdoctoral scholar titles.

- [Notice of Eligibility and Rights and Obligations Form \(DEPARTMENT\)](#)
When an employee first requests a leave for a reason that may qualify for FMLA/CFRA and/or PDLL leave, or the department receives information of a possible qualifying event, the employer must notify the employee whether they are eligible for FMLA/CFRA and/or PDLL leave. If the employee is eligible, the employer must notify the employee in writing about employee rights and responsibilities under FML.

The Notice of Eligibility and Rights and Obligations Form should be provided to the employee **within five (5) days** of the department learning of a possible qualifying event or receipt of the leave request from the employee.

- [Certification of Health Care Provider for Employee's Pregnancy Disability Form](#)
- [Certification of Health Care Provider for Employee's SHC Form](#)
- [Certification of Health Care Provider for Family Member's SHC Form \(EMPLOYEE\)](#)
Medical certification to support employee's request for disability leave. Providing this completed form is required to obtain (or retain) the benefit of PDLL/FMLA/CFRA protections, as applicable, for the leave.

The Certification of Health Care Provider Disability Form should be provided to the employer **within fifteen (15) days** of receipt of the Notice of Eligibility and Rights and Obligations Form.

- [Designation Notice Form \(DEPARTMENT\)](#)
Once the employer has enough information to know whether a leave request qualifies as PDLL/FMLA/CFRA, as applicable, the employer must notify the employee in writing whether the employee's time off from work will be designated PDLL/FMLA/CFRA, as applicable, and the amount of time that will count against the employee's entitlements.

The Designation Notice Form should be provided to the employee **within five (5) days** of the employer receiving sufficient information regarding qualification of leave.

- **Leaves Map (DEPARTMENT)**
A leave mapping offers the employer and employee a full picture glance of leave entitlements, pay, and anticipated length of leave.

For pregnancy mappings, once the return to work certification has been received, it is recommended that a final leaves map be provided to the employee if the pregnancy disability period changed from the initial estimate provided on the Certification of Health Care Provider for Employee's Pregnancy Disability Form.

- [Return to Work Certification Form \(EMPLOYEE\)](#)

Prior to returning to work following a leave, written authorization from the employee's health care provider is required to return the employee from disability. An employee may not return to work without first submitting a Return to Work Certification stating the employee is able to work, listing any functional limitations that will impact the employee's ability to perform normal duties. Note: For pregnancy related return to work certificates, the release from the physician does not constitute your return to physical work, but instead, releases you from the pregnancy disability period (PDLL).

If a doctor's note is obtained in place of the Return to Work Certification form, it must contain all pertinent information – employee's release to return to work effective date, functional limitations, if any, and the date the employee is released to perform their full duties without limitations.

Note: Functional limitations differ from reasonable accommodations. The health care provider must provide the medical limitations that impact the employee's ability to perform their job functions, so the University is able to review those limitations to work with the employee through the interactive process to ascertain appropriate and reasonable accommodation(s) for their medical limitations.

Additional Information:

For pregnancies, best practice is to obtain the release from disability/return to work certification at the post-partum doctor's appointment, if recovered. The release date signifies the start of the CFRA (baby bonding) period, which may alter your protected entitlement (shorten or extend) depending on the length of the disability period.

For all other leave types, the Return to Work Certification Form must be provided to the employer **at least three (3) days prior** to the employee's first day back at work.

- [Family and Medical Leave Benefits Fact Sheet](#)

This University of California fact sheet offers general guidance on how Family and Medical Leave works, eligibility requirements, how to arrange for a leave, what happens to your benefits during a leave and how to make the transition back to work.

MEDICAL, DENTAL, AND VISION BENEFITS

If you are on UC pay status, all UC-sponsored benefits continue.

If you are off UC pay status and on one of these types of approved leaves, UC contributions for your medical, dental and vision will continue: Pregnancy Disability (PDLL), Family and Medical (FMLA) and/or California Family Rights Act (CFRA) leaves. However, you will still be responsible to pay your contribution for your medical benefits. Please see [UC's Leave Without Pay Fact Sheet](#) for more information.

The [UC Davis Quick Guide to UC Benefits Continuation While on Leave Fact Sheet](#) is another resource for departments and employee. It shares information on what to expect while on leave and who to contact for benefit related questions.

HELPFUL CONTACTS

If you are on leave for your own serious health condition or disability for more than 90 days, you may wish to contact the Benefits Office to discuss benefit options available to you.

If you have been on leave for your own serious health condition or disability and would like to explore accommodations to return to work, you may wish to contact Disability Management Services.

CONTACT INFORMATION

UC Davis Health Benefits: benefits@ucdavis.edu (UC Davis Health or Campus)

UC Davis Health Disability Management Services (DMS): dmshelp@ucdavis.edu

Resources:

[PX-2022-2027-COMPLETE-CONTRACT-2.pdf](#)

[School of Medicine Academic Leaves Page](#)

[Postdoctoral Scholar Disability Document](#)

[Lactation Support Program](#) (Registration required, prior to child's birth.)

Tools:

[FMLA/CFRA Eligibility Spreadsheet](#)

[Leaves Calculator](#)

This checklist should help you stay organized and ensure that you're taking the necessary steps for your leave of absence.

THREE MONTHS PRIOR TO LEAVE:

- ☐ **Have you notified your department of an upcoming leave needed?**
- ☐ **Has the department provided you with the following documents within five days of receiving notice of your leave?**
 - Notice of Eligibility and Rights and Obligations Form
 - Certification of Health Care Provider Form
 - University of California Family and Medical Leave Fact Sheet
 - Postdoc Leave Request Form
- ☐ **Have you met with your department AP analyst to discuss leave entitlements and pay options?**
 - Possible leave entitlements – [PDLL](#) / [FMLA](#) / [CFRA](#) (it is recommended to familiarize yourself with these federal and state entitlements prior to meeting)
 - Possible pay entitlements – Disability, PPFL, Vacation, Sick, Leave Without Pay
 - Department will also provide initial leave mapping based on leaves dates discussed

TWO MONTHS PRIOR TO LEAVE:

- ☐ **Have you provided your department with a completed Certification from a Health Care Provider Disability form?**
- ☐ **Have you provided your department with a completed Postdoc Leave Request Form?**
- ☐ **Has the department provided you with the following documents within five days of receiving sufficient information regarding qualification for leave?**
 - Provides Designation Notice
 - Provides Return to Work Certification
 - Provides updated leave mapping if needed, based on medical certification received

ONE MONTH PRIOR TO LEAVE:

- ☐ **Have you discussed/finalized your proposed leave schedule with your department AP analyst and notified them of any changes/updates from your initial leave request?**
 - If yes, please provide the necessary documentation for these changes.
- ☐ **(Optional) Enroll in the [Lactation Support Program](#) (Registration Required, prior to child's birth)**
 - When you register, you will be provided with site locations in the form of a PDF and Google maps, on the immediate Thank You response page. Please save or bookmark this page as site locations are not public for health and safety reasons. Registration takes less than five minutes.

WHEN YOU GO OUT ON LEAVE:

☐ **Keep in touch with your department AP analyst to inform them of any changes in your approved leave schedule.**

- Provide updated medical paperwork to the department if the disability dates are different from the original anticipated disability dates provided earlier in the process.
- Note, accurate disability dates are important to ensure you receive the most comprehensive leave possible.

(FOR PREGNANCIES) AFTER CHILD IS BORN:

☐ **You must enroll your newborn on your insurance plans within 31 days of the date they join your family or meet all the eligibility requirements. Please visit the University of California's ["Adding a family member to your insurance"](#) for guidance. Contact benefits@ucdavis.edu for any questions.**

BEFORE YOU RETURN TO WORK:

☐ **Have you provided your department with a Return to Work Certification (release from disability)?**

- If you will be on a modified work schedule after your return and require a reasonable accommodation to facilitate your return to work:
 - Discuss this with your department AP analyst
 - Provide medical documentation from your health care provider that outlines your work restrictions (if any) and the duration of your restrictions. You will then need to work with your supervisor on evaluating any accommodations and/or completing the transitional work plan form. More information about the [Return to Work \(RTW\) program](#)

WHEN YOU RETURN TO WORK:

☐ **Check-in with your department AP analyst on the first day back to "check in", so they can ensure you are returned from leave in UC Path.**

☐ **Contact the Benefits Office**

- Call Benefits to verify that all enrollments remain active

Contact information for Benefits:

benefits@ucdavis.edu

Main Phone: 530-752-1774 (voicemail only - for those without email)

Email (strongly preferred). Please include your phone number and UCPath ID

The following checklist is intended to help you stay organized and ensure that you are taking the necessary steps for your employee's leave of absence. The SHORT checklist is helpful for quick reminders of next steps. The DETAILED checklist asks the same questions as the short checklist but provides additional guidance on what is needed for each step.

SHORT

- ☐ Did the employee request leave, or did the department learn of a possible qualifying event for the employee, for one of the following reasons?
- ☐ Is the employee eligible for FMLA leave?
- ☐ Has the department provided the necessary documents to the employee within five (5) days of receipt of leave?
- ☐ Has the department and employee meet to discuss leave entitlements and pay options?
- ☐ Has the department received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights and Obligations form?
- ☐ Has the department received the completed Postdoc Leave Request Form?
- ☐ Has the department notified their SOM AP analyst of the leave request?
- ☐ Has the department provided the necessary documents within five (5) days of employer receiving sufficient information regarding qualification of leave?
- ☐ Has the department submitted the AggieService case?
- ☐ Does the department need to track this leave?
- ☐ Has the employee notified the department of any changes/updates from their initial leave request?
- ☐ Is the employee's leave ending soon?
- ☐ Has the department received a Return to Work Certification at least three (3) days prior to the employee's first day back at work?
- ☐ Is DMS engaged in the employee's return to work? If so, maintain regular communication with them and the employee member for interactive process.
- ☐ Has the department maintained employee's confidential medical leave documentation as a separate file from the employee's personnel file?

DETAILED

☐ Did the employee request leave, or did the department learn of a possible qualifying event for the employee, for one of the following reasons?

- Employee's own serious health condition
- Serious health condition of spouse, domestic partner, child, parent, parent-in-law, grandparent, grandchild, sibling
- Birth, adoption, or foster placement of child
- Military "qualifying exigency"
- Serious Injury or illness of a covered service member

☐ Is the employee eligible for FMLA leave?

- Has the employee worked at least 12 months for the company (need not be consecutive)?
- Has the employee worked at least 1,250 hours in the preceding 12 calendar months?
 - Hours actually worked includes overtime, but does not include holiday, vacation, sick leave, or other paid leaves.
- Has the employee already used FMLA leave this calendar year? If so, do they still have FMLA leave available?
- If not FMLA/CFRA eligible, does the employee have other leave options?

☐ Has the department provided the following documents to the employee within five (5) days of receipt of leave?

- Notice of Eligibility and Rights and Obligations Form
- Certification of Health Care Provider Form (whichever is most appropriate for leave type)
 - Declaration of Relationship form is needed for family member serious health condition leave (in addition to cert) and for parental bonding leaves
- University of California Family and Medical Fact Sheet

☐ Has the department and employee met to discuss leave entitlements and pay options?

- Possible leave entitlements – PDLL / FMLA / CFRA
- Possible pay entitlements –Disability, PPFL, PTO, Sick, Leave No Pay
- Provide initial mapping of leave based on desired dates provided by employee

☐ Has the department received the applicable Certification Form within fifteen (15) days of issuance of Notice of Eligibility and Rights and Obligations form?

- Have you reviewed the form for completeness?
 - For incomplete certification or if clarification is needed, retain a copy and return original certification to the employee with explanation of deficiencies and request new certification to be submitted within seven days.
- Is the medical certification/leave for a qualifying reason?

☐ Has the department received the completed Postdoc Leave Request Form?

- Review the form to ensure that it is fully completed

- Confirm that the Postdoc and the Supervisor have signed the form.
- ☐ **Has the department notified their SOM AP analyst of the leave request?**
 - Sends an email to their assigned SOM AP analyst advising of the forthcoming AggieService case and provides a copy of the medical certification received.
- ☐ **Has the department provided the following documents within five (5) days of employer receiving sufficient information regarding qualification of leave?**
 - Provides Designation Notice to employee
 - Provides Return to Work Certification
 - Provides updated leave mapping if needed, based on medical certification received
 - If intermittent leave, advise employee's manager/supervisor of approved time away due to FMLA leave.
- ☐ **Has the department submitted the leave request in AggieService?**
 - Submit the leave request under the Timesheet Changes case type.
 - Upload completed Postdoc Leave Request Form and Leave Mapping to the AggieService case.
 - Please submit AggieService case at least one month prior to leave start date.
- ☐ **Does the department need to track this leave?**
 - Departments should track intermittent leave usage.
- ☐ **Has the employee notified the department of any changes/updates from their initial leave request?**
 - If yes, has the employee provided the necessary documentation for these changes?
 - Has the department notified appropriate personnel of these changes, if needed?
- ☐ **Is the employee's leave ending soon?**
 - Send an email 1-2 weeks in advance of anticipated leave end date to check in with the employee to:
 - Confirm return date or possible leave extension
 - Confirm/remind the employee of required Return to Work Certificate need, when applicable.
 - Pregnancy disability
 - Employee's serious health condition
- ☐ **Has the department received a Return to Work Certification at least three (3) days prior to the employee's first day back at work?**
 - Have you reviewed the form for completeness?
 - If release is unclear or incomplete, department should request additional information.
 - Are there restrictions listed?
 - If yes, does department need to engage Disability Management Services (DMS)?

- Sends email to their dean's office AP analyst with confirmation of employee's return to work and provides corresponding Return to Work.

☐ Is DMS engaged in the employee's return to work? If so, maintain regular communication with them and the employee member for interactive process.

☐ Has the department maintained employee's confidential medical leave documentation as a separate file from the employee's personnel file?

- Medical leave records should be maintained for 3 years.

GENERAL

Q: How do I request to take leave?

A: Contact your supervisor and department AP analyst so they can provide information on your eligibility and options.

Q: What is the difference between leave entitlement and paid leave benefits?

A: Leave entitlements describe the types of “protected” leave to which you are entitled under University policy (incorporating federal and state laws, including PDLL, FMLA, CRFA). Income replacement, or paid leave benefits, describes the policies and procedures under University policy whereby you can continue to receive income notwithstanding that you are not working (i.e., on leave).

Q: Who should sign my medical documentation (e.g. disability certification, return to work certification, etc.)?

A: Medical documentation should be signed by your health care provider.

Under the FMLA, the definition of health care provider includes, but is not limited to the following: doctor of medicine or osteopathy, physician assistant, nurse practitioner, podiatrist, dentist, nurse-midwife, clinical psychologist, clinical social worker, optometrist, chiropractor, Christian Science practitioner, and any provider covered under the employer group health plans, including foreign countries. Other health care providers may be acceptable, please contact AP for guidance.

Q: Is it appropriate for an employer to contact an employee while on leave?

A: Depending on the reason for FML, it's usually fine to ask a quick question (e.g., about the status of a project or where a file might be), if you can't figure that out otherwise. It's also fine to periodically check in, provide reminders, and/or request medical documentation.

It is not acceptable to reach out to an employee to request they perform any kind of work.

When unsure, reach out to your SOM AP Analyst.

Q: How do I return to work after leave?

A: You will need to provide your department with a Return to Work Certification form completed by your health care provider.

PREGNANCY

Q: How do I add my newborn to my benefits?

A: You have 31 days from the date of birth to add your newborn to your benefits. Adding your newborn is done via the UC Path self-service portal. For questions or assistance with this process, please contact UC Path directly at (855) 982-7284 or ucpath@universityofcalifornia.edu.

POSTDOCTORAL PAID FAMILY LEAVE (PPFL)

Q: Am I required to use the Postdoctoral Paid Family Leave (PPFL) pay benefit when going out on an approved leave for a Family Member's Serious Health Condition?

A: No, when you use PPFL pay benefit is up to you. If you would prefer to use your sick leave, PTO, or take unpaid leave, that is totally your discretion.

Q: What if I have used all my 8 weeks of PPFL pay benefit and have an upcoming leave?

A: Your PPFL will no longer be available. This pay benefit is only available for eight workweeks per calendar year. If you have exhausted that pay benefit, you can look into other possible pay options such as PTO, sick leave, or leave without pay. Please reach out to your department analyst to start that conversation.

SAMPLE: Aggie Service Request for Pregnancy Leave

AggieService Case Submission Postdoc Leave of Absence Request Pregnancy Disability Leave

Go to <https://aggieservice.ucdavis.edu> and select Submit a Case.

Employee Information

Enter the submitter's contact information. Click Next Page.

AGGIESERVICE

Employee Information

SUBMITTER
Your employee UC Davis email address:
Are you the point of contact for this case? * ☒ Yes ☐ No

Next Page

Service Request

Select employee type Academic.

Select Leaves Request.

Service Request

AFFECTED EMPLOYEE
Employee type * ☒ Academic ☐ Staff ☐ Student

Please choose your service request type from the choices below. If you don't see a suitable choice, please choose *General Inquiry*.

GENERAL INQUIRIES
☐ General Inquiry
☐ Report a Problem

LEAVES
☒ Leaves Request

Leaves Request

Your submitter contact information will carryover.

Enter the employee's name and email address.

If they have an alternative email address or phone number (other than their UC Davis email address), provide that information.

Leaves

SUBMITTER INFORMATION

Your Name *

Amy D Edwards

Your Email *

adweaver@ucdavis.edu

Phone number

AFFECTED EMPLOYEE INFORMATION

Employee's Name / Email *

Q

Is there alternative contact information? Is there a preferred alternate contact phone number or email address? If no alternate information is provided, we will use the email and/or phone available in the UC Davis directory.

To determine an employee's email address, please visit <http://directory.ucdavis.edu>

Phone number

Employee Type *

☒ Academic ☐ Staff ☐ Student

Leave Details

Answer yes or no if this request is for an existing case. The answer should be yes if you are modifying or extending a previous request.

Provide supervisor's UC Davis name and email address.

Enter the start date and end date of the leave of absence.

Select the applicable leave type.

LEAVE DETAILS

Is this for an existing case?

☐ Yes ☒ No

Supervisor's UC Davis Name / Email *

Q

Start Date

Return Date

If known

Leave type

☐ Block (Continuous dates of absence)
☐ Intermittent (Periodic leave of absence)
☐ Reduced (Working reduced hours per day)

Select the Academic Leave Type: Pregnancy Disability Leave

Select the Salary Type: NEX = Hourly, Exempt = Monthly

Academic Leave Type *

☐ Administrative Leave

☐ Employee's Own Serious Health Condition

☐ Family and Medical Leave - Qualifying Exigency Leave

☐ Family Member with a Serious Health Condition

☐ Furlough

☐ Military Caregiver Leave

☐ Military Leave

☐ Military Spouse/Domestic Partner Leave

☐ Parental Bonding Leave

☐ Personal Leave

☒ Pregnancy Disability Leave

☐ Sabbatical

☐ Union Business

☐ Victims of Domestic Violence or Sexual Assault Leave

☐ Victims of Serious or Violent Felonies Leave

☐ Other

Salary Type

☐ Hourly

☒ Monthly

Comments should summarize the leave dates and takes (PTO, Sick Leave, PPFL, unpaid) and must include the statement, **Please route case to UCDH Academic Personnel for processing.**
Attachment: Upload the completed Postdoc Leave Request Form. Do not upload medical certifications.

Is there anything else you'd like us to know about this request?

Please route case to UCDH Academic Personnel for processing.
Pregnancy disability leave request for Postdoctoral Scholar in the School of Medicine.
Leave dates: 04/01/2025 - 05/12/2025. Anticipated return to work date is 05/13/2025.
Please decrement the employee's leave balances as follows:
PTO: 14 days (4/1/25 - 4/20/25), Sick Leave: 16 days (4/21/25 - 5/12/25)

632 characters left.

Client Reference Tag

Optional: for your reference only

ATTACHMENTS


Attachment

Choose File

No file chosen

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Submit

UNIVERSITY OF CALIFORNIA, DAVIS

POSTDOC LEAVE REQUEST FORM

Employee: Please complete the top section

Postdoc Name: _____ UCID: _____ Campus Phone: _____

Home Mailing Address & Phone: _____

Department: _____ Title: _____

Please check reason for leave of absence:

Own serious health condition (not work related) ☐

Care for parent/spouse/child w/serious health condition ☐

Care for newborn/placed child ☐

Work-incurred injury ☐

Pregnancy disability ☐

Other ☐

Requested Start Date: 04/14/2025 Anticipated Return to Work Date: _____

Intermittent or reduced work schedule (describe): _____

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off).

Paid leave may be used in accordance with applicable policy/contracts.

I wish to use leave as estimated below:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	_____	_____	_____
Personal time off	_____	_____	_____
Leave without pay	_____	_____	_____
Postdoctoral Paid family leave	_____	_____	_____

Postdoc signature & Date _____

Designation of Leave

Department: Please complete the bottom section

Initial application? _____ Revision? (describe) _____

☐ Your leave is provisionally approved – pending medical verification.

☐ Your leave is approved. Supervisor/Dept checks the appropriate box

☐ Your leave is denied for the following reason(s): _____

From _____ _____	Through _____ _____	<p align="center">qualifies as Family & Medical Leave</p> <p align="center">qualifies as Pregnancy Disability Leave</p> <p align="center"><small>If both FML and PDL apply, the begin dates will be the same.</small></p>
-------------------------------	----------------------------------	---

Confirmation of status during leave:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	_____	_____	_____
Personal time off	_____	_____	_____
Leave without pay	_____	_____	_____
Postdoctoral Paid Parental Leave	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Supervisor signature & date: _____

Supervisor name (please print): _____ Phone: _____

SAMPLE: Aggie Service Request for Parental Bonding Leave

AggieService Case Submission Postdoc Leave of Absence Request Parental Bonding

Go to <https://aggieservice.ucdavis.edu> and select Submit a Case.

Employee Information

Enter the submitter's contact information. Click Next Page.

AGGIESERVICE

Employee Information

SUBMITTER
Your employee UC Davis email address:
Are you the point of contact for this case? * ☒ Yes ☐ No

Next Page

Service Request

Select employee type Academic.

Select Leaves Request.

Service Request

AFFECTED EMPLOYEE
Employee type * ☒ Academic ☐ Staff ☐ Student

Please choose your service request type from the choices below. If you don't see a suitable choice, please choose *General Inquiry*.

GENERAL INQUIRIES
☐ General Inquiry
☐ Report a Problem

LEAVES
☒ Leaves Request

Leaves Request

Your submitter contact information will carryover.

Enter the employee's name and email address.

If they have an alternative email address or phone number (other than their UC Davis email address), provide that information.

Leaves

SUBMITTER INFORMATION

Your Name *

Amy D Edwards

Your Email *

adweaver@ucdavis.edu

Phone number

AFFECTED EMPLOYEE INFORMATION

Employee's Name / Email *

Q

Is there alternative contact information? Is there a preferred alternate contact phone number or email address? If no alternate information is provided, we will use the email and/or phone available in the UC Davis directory.

To determine an employee's email address, please visit <http://directory.ucdavis.edu>

Phone number

Employee Type *

☒ Academic ☐ Staff ☐ Student

Leave Details

Answer yes or no if this request is for an existing case. The answer should be yes if you are modifying or extending a previous request.

Provide supervisor's UC Davis name and email address.

Enter the start date and end date of the leave of absence.

Select the applicable leave type.

LEAVE DETAILS

Is this for an existing case?

☐ Yes ☒ No

Supervisor's UC Davis Name / Email *

Q

Start Date

Return Date

If known

Leave type

☐ Block (Continuous dates of absence)
☐ Intermittent (Periodic leave of absence)
☐ Reduced (Working reduced hours per day)

Select the Academic Leave Type: Parental Bonding Leave

Select the Salary Type: NEX = Hourly, Exempt = Monthly

Academic Leave Type *

- ☐ Administrative Leave
- ☐ Employee's Own Serious Health Condition
- ☐ Family and Medical Leave - Qualifying Exigency Leave
- ☐ Family Member with a Serious Health Condition
- ☐ Furlough
- ☐ Military Caregiver Leave
- ☐ Military Leave
- ☐ Military Spouse/Domestic Partner Leave
- ☒ Parental Bonding Leave
- ☐ Personal Leave
- ☐ Pregnancy Disability Leave
- ☐ Sabbatical
- ☐ Union Business
- ☐ Victims of Domestic Violence or Sexual Assault Leave
- ☐ Victims of Serious or Violent Felonies Leave
- ☐ Other

Salary Type

- ☐ Hourly
- ☒ Monthly

Comments should summarize the leave dates and takes (PTO, Sick Leave, PPFL, unpaid) and must include the statement, **Please route case to UCDH Academic Personnel for processing.**

Attachment: Upload the completed Postdoc Leave Request Form. Do not upload medical certifications.

Is there anything else you'd like us to know about this request?

Please route case to UCDH Academic Personnel for processing.
Parental bonding request for Postdoctoral Scholar in the School of Medicine.
Leave dates: 04/01/2025 - 05/26/2025. Anticipated return to work date is 05/27/2025.
Please decrement the employee's leave balances as follows:
PPFL: 40 days (4/1/25 - 5/26/25)

682 characters left.

Client Reference Tag

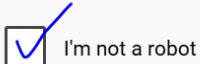
Optional: for your reference only

ATTACHMENTS

Attachment

Choose File No file chosen

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Submit

UNIVERSITY OF CALIFORNIA, DAVIS

POSTDOC LEAVE REQUEST FORM

Employee: Please complete the top sectionPostdoc Name: First and Last Name UCID: UCPath ID # Campus Phone: Work Phone #Home Mailing Address & Phone: Home Mailing Address and Home/Mobile Phone #Department: Full Department Name Title: Postdoc Scholar Employee/Fellow/NEX

Please check reason for leave of absence:

Own serious health condition (not work related) ☐Care for parent/spouse/child w/serious health condition ☐Care for newborn/placed child ☒Work-incurred injury ☐Pregnancy disability ☐Other ☐Requested Start Date: 04/01/2025 Anticipated Return to Work Date: 05/27/2025Intermittent or reduced work schedule (describe): N/A**A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off).****Paid leave may be used in accordance with applicable policy/contracts.**

I wish to use leave as estimated below:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	N/A		
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid family leave	40	04/01/2025	05/26/2025

Postdoc signature & Date _____

Designation of LeaveDepartment: Please complete the bottom sectionInitial application? _____ Revision? (describe) No☐ Your leave is provisionally approved – pending medical verification.☐ Your leave is approved. Supervisor/Dept checks the appropriate box☐ Your leave is denied for the following reason(s): _____

From <u>04/01/2025</u> 	Through <u>05/26/2025</u> 	qualifies as Family & Medical Leave qualifies as Pregnancy Disability Leave If both FML and PDL apply, the begin dates will be the same.
--	---	--

Confirmation of status during leave:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	N/A		
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid Parental Leave	40	04/01/2025	05/26/2025

Supervisor signature & date: _____

Supervisor name (please print): Supervisor Name Phone: Work Phone #Copy to: Employee, Department, Benefits
Retention: 3 Years

SAMPLE: Aggie Service Request for Employee's Serious Health Condition Leave

AggieService Case Submission Postdoc Leave of Absence Request Medical Leave – Employee's Own Serious Health Condition

Go to <https://aggieservice.ucdavis.edu> and select Submit a Case.

Employee Information

Enter the submitter's contact information. Click Next Page.

AGGIESERVICE

Employee Information

SUBMITTER
Your employee UC Davis email address:
Are you the point of contact for this case? * ☒ Yes ☐ No

Next Page

Service Request

Select employee type Academic.

Select Leaves Request.

Service Request

AFFECTED EMPLOYEE
Employee type * ☒ Academic ☐ Staff ☐ Student

Please choose your service request type from the choices below. If you don't see a suitable choice, please choose *General Inquiry*.

GENERAL INQUIRIES
☐ General Inquiry
☐ Report a Problem

LEAVES
☒ Leaves Request

Leaves Request

Your submitter contact information will carryover.

Enter the employee's name and email address.

If they have an alternative email address or phone number (other than their UC Davis email address), provide that information.

Leaves

SUBMITTER INFORMATION

Your Name *

Amy D Edwards

Your Email *

adweaver@ucdavis.edu

Phone number

AFFECTED EMPLOYEE INFORMATION

Employee's Name / Email *

Q

Is there alternative contact information? Is there a preferred alternate contact phone number or email address? If no alternate information is provided, we will use the email and/or phone available in the UC Davis directory.

To determine an employee's email address, please visit <http://directory.ucdavis.edu>

Phone number

Employee Type *

☒ Academic ☐ Staff ☐ Student

Leave Details

Answer yes or no if this request is for an existing case. The answer should be yes if you are modifying or extending a previous request.

Provide supervisor's UC Davis name and email address.

Enter the start date and end date of the leave of absence.

Select the applicable leave type.

LEAVE DETAILS

Is this for an existing case?

☐ Yes ☒ No

Supervisor's UC Davis Name / Email *

Q

Start Date

Return Date

If known

Leave type

☐ Block (Continuous dates of absence)
☐ Intermittent (Periodic leave of absence)
☐ Reduced (Working reduced hours per day)

Select the Academic Leave Type: Employee's Own Serious Health Condition

Answer the work-related question.

Select the Salary Type: NEX = Hourly, Exempt = Monthly

Academic Leave Type *

- ☐ Administrative Leave
- ☒ Employee's Own Serious Health Condition
- ☐ Family and Medical Leave - Qualifying Exigency Leave
- ☐ Family Member with a Serious Health Condition
- ☐ Furlough
- ☐ Military Caregiver Leave
- ☐ Military Leave
- ☐ Military Spouse/Domestic Partner Leave
- ☐ Parental Bonding Leave
- ☐ Personal Leave
- ☐ Pregnancy Disability Leave
- ☐ Sabbatical
- ☐ Union Business
- ☐ Victims of Domestic Violence or Sexual Assault Leave
- ☐ Victims of Serious or Violent Felonies Leave
- ☐ Other

Work Related?

- ☐ Yes

Salary Type

- ☐ Hourly
- ☒ Monthly

Comments should summarize the leave dates and takes (PTO, Sick Leave, PPFL, unpaid) and must include the statement, **Please route case to UCDH Academic Personnel for processing.**

Attachment: Upload the completed Postdoc Leave Request Form. Do not upload medical certifications.

Is there anything else you'd like us to know about this request?

Please route case to UCDH Academic Personnel for processing.
Medical leave request for Postdoctoral Scholar in the School of Medicine.
Leave dates: 04/14/2025 - 05/18/2025. Anticipated return to work date is 05/19/2025.
Please decrement the employee's leave balances as follows:
Sick Leave: 25 days (4/14/25 - 5/18/25)

678 characters left.

Client Reference Tag

Optional: for your reference only

ATTACHMENTS

Attachment

Choose File

No file chosen

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Submit

UNIVERSITY OF CALIFORNIA, DAVIS

POSTDOC LEAVE REQUEST FORM

Employee: Please complete the top sectionPostdoc Name: First and Last Name UCID: UCPath ID # Campus Phone: Work Phone #Home Mailing Address & Phone: Home Mailing Address and Home/Mobile Phone #Department: Full Department Name Title: Postdoc Scholar Employee/Fellow/NEX

Please check reason for leave of absence:

Own serious health condition (not work related)	<input checked="" type="checkbox"/>	Care for parent/spouse/child w/serious health condition	<input type="checkbox"/>
Care for newborn/placed child	<input type="checkbox"/>	Work-incurred injury	<input type="checkbox"/>
Pregnancy disability	<input type="checkbox"/>	Other	<input type="checkbox"/>

Requested Start Date: 04/14/2025 Anticipated Return to Work Date: 05/19/2025Intermittent or reduced work schedule (describe): N/A

A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off).
Paid leave may be used in accordance with applicable policy/contracts.

I wish to use leave as estimated below:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	25	04/14/2025	05/18/2025
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid family leave	N/A		

Postdoc signature & Date _____

Designation of Leave

Department: Please complete the bottom sectionInitial application? _____ Revision? (describe) No☐ Your leave is provisionally approved – pending medical verification.☐ Your leave is approved. Supervisor/Dept checks the appropriate box☐ Your leave is denied for the following reason(s): _____

From	Through	qualifies as Family & Medical Leave qualifies as Pregnancy Disability Leave
<u>04/14/2025</u>	<u>05/18/2025</u>	
_____	_____	

If both FML and PDL apply, the begin dates will be the same.

Confirmation of status during leave:

<u>Type</u>	<u>Days</u>	<u>From</u>	<u>Through</u>
Sick leave	25	04/14/2025	05/18/2025
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid Parental Leave	N/A		

Supervisor signature & date: _____

Supervisor name (please print): Supervisor Name Phone: Work Phone #Copy to: Employee, Department, Benefits
Retention: 3 Years

SAMPLE: Aggie Service Request for Family Member's Serious Health Condition Leave

AggieService Case Submission

Postdoc Leave of Absence Request

Medical Leave – Family Member’s Serious Health Condition

Go to <https://aggieservice.ucdavis.edu> and select Submit a Case.

Employee Information

Enter the submitter’s contact information. Click Next Page.

AGGIESERVICE

Employee Information

SUBMITTER
Your employee UC Davis email address:
Are you the point of contact for this case? * ☒ Yes ☐ No

Next Page

Service Request

Select employee type Academic.

Select Leaves Request.

Service Request

AFFECTED EMPLOYEE
Employee type * ☒ Academic ☐ Staff ☐ Student

Please choose your service request type from the choices below. If you don't see a suitable choice, please choose *General Inquiry*.

GENERAL INQUIRIES
☐ General Inquiry
☐ Report a Problem

LEAVES
☒ Leaves Request

Leaves Request

Your submitter contact information will carryover.

Enter the employee’s name and email address.

If they have an alternative email address or phone number (other than their UC Davis email address), provide that information.

Leaves

SUBMITTER INFORMATION

Your Name *

Amy D Edwards

Your Email *

adweaver@ucdavis.edu

Phone number

AFFECTED EMPLOYEE INFORMATION

Employee's Name / Email *

Q

Is there alternative contact information? Is there a preferred alternate contact phone number or email address? If no alternate information is provided, we will use the email and/or phone available in the UC Davis directory.

To determine an employee's email address, please visit <http://directory.ucdavis.edu>

Phone number

Employee Type *

☒ Academic ☐ Staff ☐ Student

Leave Details

Answer yes or no if this request is for an existing case. The answer should be yes if you are modifying or extending a previous request.

Provide supervisor's UC Davis name and email address.

Enter the start date and end date of the leave of absence.

Select the applicable leave type.

LEAVE DETAILS

Is this for an existing case?

☐ Yes ☒ No

Supervisor's UC Davis Name / Email *

Q

Start Date

Return Date

If known

Leave type

☐ Block (Continuous dates of absence)
☐ Intermittent (Periodic leave of absence)
☐ Reduced (Working reduced hours per day)

Select the Academic Leave Type: Family Member with a Serious Health Condition

Select the Salary Type: NEX = Hourly, Exempt = Monthly

Select the Family Member (Spouse, Child, Domestic Partner, Parent)

Academic Leave Type *

- ☐ Administrative Leave
- ☐ Employee's Own Serious Health Condition
- ☐ Family and Medical Leave - Qualifying Exigency Leave
- ☒ Family Member with a Serious Health Condition
- ☐ Furlough
- ☐ Military Caregiver Leave
- ☐ Military Leave
- ☐ Military Spouse/Domestic Partner Leave
- ☐ Parental Bonding Leave
- ☐ Personal Leave
- ☐ Pregnancy Disability Leave
- ☐ Sabbatical
- ☐ Union Business
- ☐ Victims of Domestic Violence or Sexual Assault Leave
- ☐ Victims of Serious or Violent Felonies Leave
- ☐ Other

Salary Type

- ☐ Hourly
- ☒ Monthly

Family Member

Parent due to his/her own serious health condition ▼

Comments should summarize the leave dates and takes (PTO, Sick Leave, PPFL, unpaid) and must include the statement, **Please route case to UCDH Academic Personnel for processing.**

Attachment: Upload the completed Postdoc Leave Request Form. Do not upload medical certifications.

Is there anything else you'd like us to know about this request?

Please route case to UCDH Academic Personnel for processing.
Medical leave family care request for Postdoctoral Scholar in the School of Medicine.
Leave dates: 04/14/2025 - 05/18/2025. Anticipated return to work date is 05/19/2025.
Please decrement the employee's leave balances as follows:
PPFL: 25 days (4/14/25 - 5/18/25)

Client Reference Tag

Optional: for your reference only

ATTACHMENTS

Attachment

Choose File No file chosen

[Attach another file](#)



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The submit button will be disabled until you complete the CAPTCHA.

Submit

UNIVERSITY OF CALIFORNIA, DAVIS

POSTDOC LEAVE REQUEST FORM

Employee: Please complete the top sectionPostdoc Name: First and Last Name UCID: UCPath ID # Campus Phone: Work Phone #Home Mailing Address & Phone: Home Mailing Address and Home/Mobile Phone #Department: Full Department Name Title: Postdoc Scholar Employee/Fellow/NEX

Please check reason for leave of absence:

Own serious health condition (not work related) ☐Care for parent/spouse/child w/serious health condition ☒Care for newborn/placed child ☐Work-incurred injury ☐Pregnancy disability ☐Other ☐Requested Start Date: 04/14/2025 Anticipated Return to Work Date: 05/19/2025Intermittent or reduced work schedule (describe): N/A**A leave of absence may consist of leave without pay and/or paid leave (vacation, sick leave, compensatory time off).****Paid leave may be used in accordance with applicable policy/contracts.**

I wish to use leave as estimated below:

Type	Days	From	Through
Sick leave	N/A		
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid family leave	25	04/14/2025	05/18/2025

Postdoc signature & Date _____

Designation of LeaveDepartment: Please complete the bottom sectionInitial application? _____ Revision? (describe) No☐ Your leave is provisionally approved – pending medical verification.☐ Your leave is approved. Supervisor/Dept checks the appropriate box☐ Your leave is denied for the following reason(s): _____**From**
04/14/2025**Through**
05/18/2025**qualifies as Family & Medical Leave**
qualifies as Pregnancy Disability Leave

If both FML and PDL apply, the begin dates will be the same.

Confirmation of status during leave:

Type	Days	From	Through
Sick leave	N/A		
Personal time off	N/A		
Leave without pay	N/A		
Postdoctoral Paid Parental Leave	25	04/14/2025	05/18/2025

Supervisor signature & date: _____

Supervisor name (please print): Supervisor Name Phone: Work Phone #Copy to: Employee, Department, Benefits
Retention: 3 Years