

DATE

FACULTY MEMBER'S NAME  
ADDRESS

Re: Request for Medical Leave

Dear NAME:

I am writing regarding your current medical leave request. Consistent with the College/School's practice, we will submit a request for you to be on paid medical leave from \_\_\_\_\_ to \_\_\_\_\_ **[time period]**. The request will be submitted from the Department to the Dean and then to the Vice Provost-Academic Personnel recommending approval for twelve weeks of family and medical leave as stipulated by the Federal Family and Medical Leave Act (FMLA). This leave, when approved, will be paid leave. We will need you complete and the completed Certification of Health Condition form from your physician and return it to me within 15 calendar days from the date of this letter. I am also enclosing information that explains your entitlements under FMLA.

I also want to make you aware of recent policy updates to the University of California (UC) Academic Personnel Manual (APM), section 710, Leaves of Absence/Sick Leave/Medical Leave. This policy provides for a maximum of paid leave for eligible faculty as follows:

- Eligible faculty with less than ten (10) years of UC service will be granted two quarters (or one semester) for academic year appointees, or six months for fiscal year appointees, of consecutive or intermittent paid medical leave within a ten-year period for personal illness, injury, or disability.
- Eligible faculty with more than ten (10) years of UC service will be granted three quarters (or 2 semesters) for academic-year appointees, or 12 months, for fiscal-year appointees, of consecutive or intermittent paid medical leave within each subsequent ten-year period for personal illness, injury, or disability.

APM 710-11.a.b - [http://www.ucop.edu/academic-personnel-programs/\\_files/apm/apm-710.pdf](http://www.ucop.edu/academic-personnel-programs/_files/apm/apm-710.pdf)

As described above, based on your University service and our records of previous medical leaves our records show you have \_\_\_\_\_ quarters of leave, you are eligible for up to \_\_\_\_\_ quarters of paid leave, based on medical need, as documented by your treating physician. If it turns out that you need an accommodation to assist you as you transition back to work, I ask that you contact Fredna Karneges with Disability Management Services, who can assist you with this process. Ms. Karneges can be reached at (530) 752-6008, or [fjkarneges@ucdavis.edu](mailto:fjkarneges@ucdavis.edu).

If following the end of your final paid quarter of leave your physician determines you should continue to be on leave, please contact the campus Benefits office at (530) 752-1774. If you are enrolled in the University's Supplemental Disability Insurance (SDI), you can work with Benefits to determine your eligibility for that program. If approved for SDI, the department can submit a continued request for leave, which would be unpaid. Consulting with Benefits is imperative so

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you clearly understand what options are available to you. I also encourage you to contact Ms. Karneges, if, at any time during your leave, you feel it is appropriate to do so. She can provide information about additional options you might have, and so help you plan for the future.

When you are able to return to work and before you start back, we ask that you provide us with a written release from your physician. I have enclosed a Return to Work Certification form for that purpose.

Please do not hesitate to call me at (530) \_\_\_\_\_ should you have any questions. If you have questions regarding campus policies/programs, please contact Matilda Aidam, Academic Affairs, at (530) 752-7643. All of your colleagues in the department join me in wishing you the best in your recovery process.

Sincerely,

NAME

Chair

Enclosures:     Family & Medical Leave Certification  
                      Return to Work Certification  
                      APM 710

c:        Matilda Aidam, Academic Affairs  
            Fredna Karneges, Disability Management Services