



FML/LOA Medical Form Cover Sheet (OnBase)

Instructions:

- Print, scan and email cover sheet with the LOA documents to hr.records@ucdmc.ucdavis.edu
• Cover Sheet should be placed on top of the LOA documents
• Email subject line should read: Reason for LOA (see below) and Cost Center
• LOA start and end date in red section are required fields

Last Name: First Name:
PeopleSoft ID: Lookup ID Job Code:
Prepared by: Phone #/Extension:
Today's Date:

LOA Type (choose one): Initial Revised

Please check the appropriate Reason/s for LOA below:

*Intermittent *Health *Pregnancy *Military *Baby Bonding
*Return to Work *Non-FMLA *Workers' Compensation *Other

LOA Start Date:
(Pay status is required for extended leave)

LOA End Date:

Leave With Pay Start: Leave With Pay End:
Leave With Pay Start: Leave With Pay End:
Leave Without Pay Start: Leave Without Pay End:
Leave Without Pay Start: Leave Without Pay End:

Additional Information:

Note: Please submit this form within the pay period for the approved leave.
FML events = Submit medical certification and request in Ecotime FMLA module
NON-FML events = Submit medical certification and electronic LOA form

- *INITIAL - date should match the first LOA submitted
*Health - LOA due to own serious health condition (not work related)
*WORKER'S COMP - if LOA submitted is due to WC
*RETURN TO WORK - if the documentation is for Return to work information
*Baby Bonding - LOA due to care for newborn
*Other - LOA due to care for family member or indicate other reason
*REVISED - if LOA is due to change in begin and or end date
*INTERMITTENT - if LOA submitted is due to intermittent
*Military - LOA due to Military leave
*Pregnancy - LOA due to pregnancy leave
*NON FML - all documents pertaining to NON-FML events