



1. Go to www.colorado.edu/umc/employees
2. Click on Leave Request Form



Leave Request Form

Complete this online [Leave Request Form](#) for all leave requests.

3. Enter your name and email and your supervisor's name and email.
Then click "Begin Signing."

University of Colorado Boulder

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:

Employee

Your Name:

Meagan Gabaldon

Your Email:

meagan.gabaldon@colorado.edu

Please provide information for any other signers needed for this document.

Role:

Supervisor

Name:

Peggy Tucker Ortega

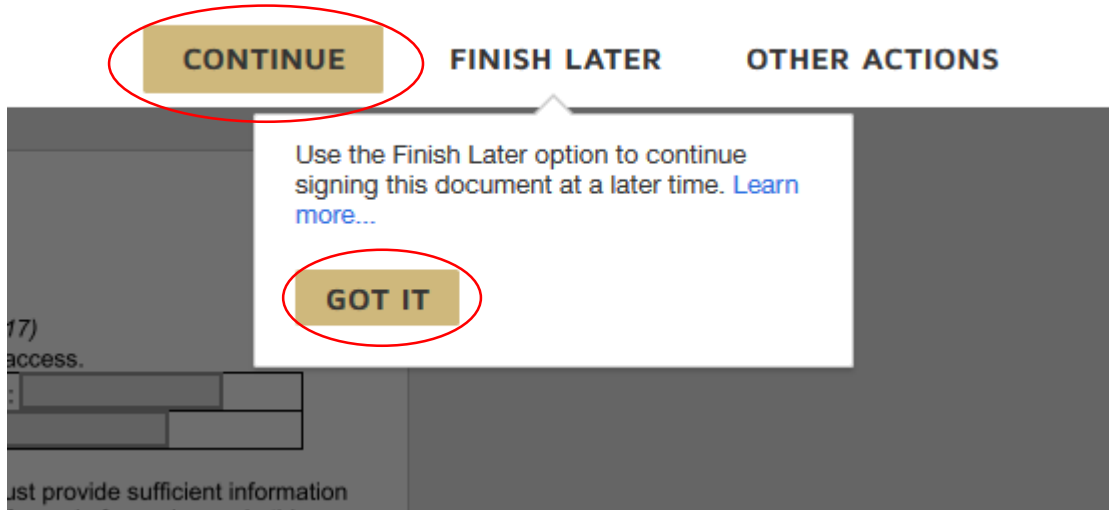
Email:

peggy.tucker@colorado.edu

Begin Signing



4. Click "GOT IT" and then click "CONTINUE."



5. Fill in the Leave Request fields.

Revised for University of Colorado Boulder (form updated: May 2017)
Any medical information is confidential and must be kept in separate files with limited access.

Name: Meagan Gabaldon	6-digit Employee ID: <input style="width: 20px;" type="text"/>
Department & Division: <input style="width: 60px;" type="text"/>	Work Phone #: <input style="width: 20px;" type="text"/>

I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition is highly sensitive, immediately contact the department Family/Medical Leave coordinator directly.

I request approval for total hours as listed below. Is the absence due to a work-related illness or injury? No Yes

Record dates, times, and number of hours in the blanks for each applicable reason. (More information may be required.)

Vacation (not related to care/treatment of a medical condition or bonding with a new child)

From:	To:	Number of Hours:

Medical. If not self, relationship: _____

- Routine eye, medical, dental exam.
- Common illness/injury (no prescribed treatment, e.g., cold, flu)
- Other Medical (inpatient or continuing treatment, e.g., surgery, childbirth).

Explain reason: _____

From:	To:	Number of Hours:

Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).

From:	To:	Number of Hours:


Employee Signature: _____



Date: 1/25/2019



6. Click "Sign."

Employee Signature: 

TO BE COMPLETED BY APPOINTING AUTHORITY (or designee)			
<input type="checkbox"/> Annual	<input type="checkbox"/> FML-annual	<input type="checkbox"/> FML-holiday	<input type="checkbox"/> Jury
<input type="checkbox"/> Sick	<input type="checkbox"/> FML-sick	<input type="checkbox"/> FML-compensatory	<input type="checkbox"/> Bereavement

7. Click "Finish."

FINISH	FINISH LATER	OTHER ACTIONS
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Provide sufficient information of any change in this or directly.

No Yes

d.)

8. This step is now complete. The document has been sent to your supervisor. Your supervisor will have a conversation about this document with you and sign at that time.