

Request for Leave of Absence

PLACE THIS FORM IN A CONFIDENTIAL MEDICAL FILE.

How to Process this form:

1. Staff member completes Section 1 and attach appropriate required documentation; Attachments Required:
 1. Maternity/Paternity/Illness/Injury – Certificate of Health Care Provider for Employee’s Illness or Injury (taken within 1 year of birth)
 2. Adoption/Placement of Foster Child - Letter of Placement (taken within 1 year of placement)
 3. To care of a family member who has a serious health condition - Certificate of Health Care Provider for Family Member’s Illness or Injury
 4. Personal Leave - Explanation of Request
 5. Educational Leave - Letter of Acceptance from Educational Institution
 6. Military Leave - Copy of the Department of Defense Orders
 7. Illness or Injury of Covered Service Member – Certification for Serious Illness or Injury of Covered Service Member
 8. Qualifying Exigency – Certification of Qualifying Exigency
2. Staff member and Supervisor/Manager complete Section 2-
 - A. Determine eligibility:
 - i. FMLA Leave-
 1. Must have worked for at least 1,250 hours during twelve (12) month period prior to the leave.
 2. Must have been employed for at least twelve (12) months (does not have to be consecutive)
 - ii. Educational and/or Personal Leave- Mandatory one (1) year of continuous service credit
 - B. Ensure documentation to support the reason for the leave is attached to this form.
 - C. Determine if Staff member has enough vacation/holiday/sick or PTO accruals to pay the Staff member during this leave. Please submit this form to the Departmental Payroll/HR Representative along with notification of whether leave will be paid or unpaid so it may be noted appropriately on the Payroll Leave of Absence form.
3. Departmental Payroll/HR Representative is responsible for completing Section 3 and Payroll Leave of Absence form. If the Staff member is going on an FMLA leave of absence on an intermittent basis or reduced work schedule, these changes must be noted on the Payroll Leave of Absence form. If Staff member is monthly/exempt, please ensure work schedule and salary is changed on the Staff Change Form. If necessary, you may also need to complete a Pay Exception form.

Send Payroll Leave of Absence form to: **Corporate Payroll Box 90484, Durham, NC 27708.** For Personal Leaves of Absences without pay, send an additional copy to **HRIC at 705 Broad Street Box 90496, Durham, NC 27708.**

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| SECTION 1- Staff Member | | | | | |
| Last Name: | | First Name: | | Duke Unique ID: | |
| Address: | | Phone: (w) | | Department: | |
| | | Phone: (h) | | CSD/Hire Date: | |
| | | Other: | | Job Title: | |
| SECTION 2 | | | | | |
| Family Medical leaves | | | Leaves of Absence NOT covered under FMLA | | |
| | | | Bargaining Unit | | |
| Maternity | | Personal includes: | | Personal | |
| Paternity | | <ul style="list-style-type: none"> • Educational • Medical • Maternity | | Educational | |
| Adoption/ Placement of Foster Child | | | | Military | |
| Child/Parent/Spouse Illness | | Military | | Illness/Injury | |
| Personal Illness | | | | Maternity | |
| Military Family Leave | | | | Union | |
| Estimated Leave Beginning Date: | | | | | |
| Estimated Leave End Date: | | | | | |
| If this Leave is a Family Medical Leave- | | | | | |
| 1) Has this Staff member had absences counted towards their FMLA entitlement in the past 12 months? Please circle: YES or NO Please provide dates/hours which have already been applied towards FMLA, along with supporting documentation Dates: From _____ to _____, Total Hours of FMLA utilized to date: _____ | | | | | |
| 2) Will this leave be taken on an intermittent basis? Please circle: YES or NO | | | | | |
| Staff Member Signature: | | | Department Supervisor/Manager: | | |
| Date: | | | Date: | | |
| To be Completed by Department or Department Payroll Representative | | | | | |
| Last Pay Date: | | | Pay Point: | | |
| Payroll Representative: | | | Manager/Supervisor: | | |
| Mailing Address: | | | Mailing Address: | | |
| Phone Number: | | | Phone Number: | | |