

REQUEST FOR LEAVE OF ABSENCE

(Form 1001)

*Staff Member Completes Sections 1 and 2
Department Representative Completes Section 3*

Section 1: PERSONAL INFORMATION (Staff Member completes Sections 1 and 2 and returns completed form to Supervisor/Manager)		
Last Name:	First Name:	Duke Unique ID:
Home Address:	Work Phone:	Department:
Date Submitted:	Home Phone:	Job Title:
Signature:	E-mail:	CSD/Hire Date:
Section 2: STAFF MEMBER: Check the type of leave and provide documentation as indicated		
I request that my leave begin on _____ and end on _____. (If necessary, give approximate dates.)		
Family Medical Leaves (required medical certifications must be returned within 15 days of receipt)		
<input type="checkbox"/>	Employee Illness	Certificate of Health Care Provider (Form 1002-E)
<input type="checkbox"/>	Child/Parent/Spouse Illness	Certificate of Health Care Provider for Family Member's Illness/Injury (Form 1002-F)
<input type="checkbox"/>	Maternity	Certificate of Health Care Provider (Form 1002-E)
<input type="checkbox"/>	Parental <i>(Must be taken within one year of birth)</i>	Certificate of Health Care Provider (Form 1002-F)
<input type="checkbox"/>	Adoption/Placement of Foster Child <i>(Must be taken within one year of placement)</i>	Letter of Placement
<input type="checkbox"/>	Military Caregiver	Certification for Serious Illness or Injury of Covered Service Member (DOL WH-385-V)
<input type="checkbox"/>	Military Exigency	Certification of Qualifying Exigency (DOL WH-384)
Personal Leaves (not FMLA eligible or not FMLA related)		
<input type="checkbox"/>	Educational	Letter of Acceptance from Educational Institution
<input type="checkbox"/>	Medical (non-FMLA) <i>(Only available for staff member's own illness/injury)</i>	Certification from Health Care Provider <i>(Must include date condition began, probable duration, facts regarding staff member's medical condition and inability to work)</i>
<input type="checkbox"/>	Military (non-FMLA)	Department of Defense Orders
<input type="checkbox"/>	Maternity (not eligible for FMLA)	Certification from Health Care Provider <i>(including expected delivery date)</i>
<input type="checkbox"/>	Paid Parental Leave <i>(May run concurrently with FMLA)</i>	Primary Caregiver Affidavit for Paid Parental Leave
<input type="checkbox"/>	Other Personal	Explanation of Request
Section 3: DEPARTMENT REPRESENTATIVE (Supervisor/Manager/Department HR): Complete this section		
Name (Print):		E-mail:
Signature:	Phone:	Date:
Name(s) and E-mail(s) of any others to receive Determination Form:		
Check entity where Staff Member is employed:		
<input type="checkbox"/> DUH – Duke University Hospital	<input type="checkbox"/> DUHS – Company 20, Corporate Services	<input type="checkbox"/> DPC
<input type="checkbox"/> AHS/DASC	<input type="checkbox"/> University – includes SOM, SON, DCRI	<input type="checkbox"/> PDC
<input type="checkbox"/> DRH – Duke Regional Hospital	<input type="checkbox"/> CFL – Health & Wellness	<input type="checkbox"/> DHCH
<input type="checkbox"/> DRaH – Duke Raleigh Hospital	<input type="checkbox"/> Labco – DUHS Clinical Labs	<input type="checkbox"/> PRMO
If this leave is for a Family Medical Leave:		
(1) Has Staff Member had absences counted towards FMLA entitlement in the past 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If so, provide dates/hours which have already been applied towards FMLA, along with supporting documentation		
Dates: From _____ to _____ Total hours of FMLA utilized during the past 12 months: _____		
(2) If approved, will this leave be taken on an intermittent basis? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<i>(Not available for adoption, placement in foster care or Paternity leave; only available for maternity leave if medically necessary)</i>		
(3) Leave dates approved by EOHV Determination Form From _____ To _____		

Please use the **FMLA Submission Tool** to send FMLA requests to EOHV for review and approval determination.

Please note that this doesn't change your internal process, it is simply a portal to submit cases.

https://duke.qualtrics.com/jfe/form/SV_e9capxEfsazgZdc

Revised February 2022