



FACULTY LEAVE OF ABSENCE REQUEST FORM

Current Date: _____

FROM: _____
Faculty Member's Name

Faculty Title _____

Department: _____

Department Chair _____

Begin Date: _____ End Date: _____

The following type of leave is requested (please mark "X" in appropriate box(s))

You must select the type of leave and select with or without tenure clock extension (if applicable)

Parental Leave RR (Regular Rank)

TENURE TRACK

with tenure clock extension

without tenure clock extension

not applicable

Parental Leave NRR (Non Regular Rank)

Temporary Medical Leave
(Doctor's statement required - please attach)

with tenure clock extension

without tenure clock extension

not applicable

Other Leave of Absence
(attach faculty letter to Chair describing circumstances of leave)

Unpaid Leave of Absence
(attach faculty letter to Chair describing circumstances of leave)

If any of your leave will be paid, is any portion funded by sponsored funds?

Family Medical Leave
(Doctor's statement required - please attach)

Yes No

Disability Leave
(Doctor's statement required - please attach)

Sabbatical Leave
(attach faculty request letter to Chair with leave details)

Research Leave
(attach faculty request letter to Chair with leave details)

Military Leave
(attach faculty request letter to Chair with leave details)

CONCURRENCE BY CHAIR OF DEPARTMENT:

Faculty Member's Signature

Chair's Signature

Submit signed form to APT office, Annette.Whitecell@duke.edu

Medical Center Faculty Handbook "Policy Statement"
Leaves of Absence and Tenure Clock Relief - Medical or Parental http://www.provost.duke.edu/wp-content/uploads/FHB_Chap_4.pdf