



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(es)

Parental Leave RR (Regular Rank)
(attach Form 1002-E, Cert. of Health Care Provider)

Percent of effort to be completed by department administration:

Parental Leave NRR (Non Regular Rank)
(attach Form 1002-E, Cert. of Health Care Provider)

DHIP

Temporary Medical Leave
(attach Form 1002-E, Cert. of Health Care Provider)

University School Medicine

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

Is any of your effort covered by grants or sponsored funds?

Family Medical Leave
(attach Form 1002-E, Cert. of Health Care Provider)

Yes

No

Disability Leave
(attach disability approval letter)

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)

I acknowledge that the information I have provided above is true and accurate.

CONCURRENCE BY CHAIR OF DEPARTMENT:

Faculty Member's Signature

Chair's Signature

Upload this form to the attachment section of the dfac Leave Form

Helpful Resources:

<https://policies.provost.duke.edu/docs/faculty-handbook-professional-affairs-of-the-faculty>

<https://dhip.org/pdc-and-cpdc-members>