Duke University School of Medicine

DukeHealth | Duke Health Integrated Practice

FACULTY LEAVE OF ABSENCE (LOA) REQUEST FORM

THIS SECTION TO BE COMPLETED BY FACULTY

Faculty Name: _____	**Today's Date:** _____
Department: _____	**Faculty Appointment:** _____
Requested Start Leave Date: _____	**Department Chair:** _____
	Expected RTW Date: _____

SECTION TO BE COMPLETED BY DHIP/SOM ADMIN

SOM Leave Start Date: _____	**SOM Leave End Date:** _____
DHIP Leave Start Date: _____	**DHIP Leave End Date:** _____
Amended Leave Start Date: _____	**Amended Leave End Date:** _____

Please indicate the type of leave being requested by checking the appropriate box(es).

☐ **Parental Leave RR (Regular Rank)**
Upload Form 1002-E, Cert. of Health Care Provider in Smartsheet or email the DHIP Service Center

☐ **Parental Leave NRR (Non-Regular Rank)**
Upload Form 1002-E, Cert. of Health Care Provider in Smartsheet or email the DHIP Service Center

☐ **Temporary Medical Leave**
Upload Form 1002-E, Cert. of Health Care Provider in Smartsheet or email the DHIP Service Center

☐ **Unpaid Leave of Absence**
Upload in Smartsheet the faculty letter to Chair describing circumstances of leave

☐ **Family Medical Leave**
Upload Form 1002-E, Cert. of Health Care Provider in Smartsheet or email the DHIP Service Center

☐ **Disability Leave**
Upload disability approval letter in Smartsheet

☐ **Sabbatical Leave**
Upload faculty request letter to Chair with leave details in Smartsheet

☐ **Research Leave**
Upload faculty request letter to Chair with leave details in Smartsheet

☐ **Military Leave**
Upload faculty request letter to Chair with leave details in Smartsheet

Percent of effort to be completed by department administration:

DHIP: [0%]

SOM: [0%]

Is any of your effort covered by grants or sponsored funds?   ☐ YES   ☐ NO

If yes, provide 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 THE FULLY EXECUTED LOA FORM TO THE ATTACHMENT SECTION IN DFAC.
SUBMIT SUPPORTING DOCUMENTS TO THE DSC VIA SMARTSHEET OR EMAIL AT DHIPSERVICECENTER@DUKE.EDU**

REV 050224