Duke University School of Medicine   **DukeHealth** | Duke Health Integrated Practice

CLINICIAN LEAVE OF ABSENCE (LOA) REQUEST FORM

THIS SECTION TO BE COMPLETED BY CLINICIAN

Clinician Name: _____   Today's Date: _____

Department: _____   Clinician Appointment: _____

LOA Start Leave Date: _____   Department Chair: _____

Return To Work 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 (Birthing Parent)**
Upload Form 1002-E (Cert. of Health Care Provider) in Smartsheet or email DHIP Service Center

☐ **Parental Leave (Non-Birthing Parent)**
Upload Form 1002-E (Cert. of Health Care Provider) in Smartsheet or email DHIP Service Center

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

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

☐ **Family Medical Leave (FMLA)**
Upload Forms 1001, 1002-E or F (Cert. of Health Care Provider) and 1003 (Eligibility) in Smartsheet or email 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

Section to be completed by Department Administrator:

Percentage of effort:

☐ Duke Health Integrated Practice (DHIP)

☐ School of Medicine (SOM)

Is any effort covered by grants or sponsored funds?

☐ Yes

☐ No
Provide details if you answered "yes" to the question.

☐
☐
☐

BY SIGNING BELOW, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

CONCURRENCE BY DEPARTMENT ADMINISTRATOR OR DEPARTMENT CHAIR

_____   _____
CLINICIAN SIGNATURE   **DEPARTMENT SIGNATURE**

UPLOAD THE FULLY EXECUTED LOA FORM TO THE ATTACHMENT SECTION IN DFAC.
SUBMIT SUPPORTING DOCUMENTS TO THE DCSC VIA SMARTSHEET OR EMAIL AT DHIPSERVICECENTER@DUKE.EDU

REV 080124