

FACULTY LEAVE OF ABSENCE (LOA) REQUEST FORM

THIS SECTION TO BE COMPLETED BY CLINICIAN

Faculty Name: _____ **Today's Date:** _____
Department: _____ **Faculty Appointment:** _____
LOA Start Leave Date: _____ **Department Chair:** _____
LOA End 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:

<input style="width: 90%;" type="text"/>	Duke Health Integrated Practice (DHIP)
<input style="width: 90%;" type="text"/>	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

FACULTY SIGNATURE

DEPARTMENT SIGNATURE

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