North Carolina Department of Public Safety

Leave of Absence (LOA) Request

To be completed by Employee or authorized agent on Employee's behalf:

Employee Full Name:		Personnel #:
Home Address:	City/State/Zip:	Home Phone:
Work Location:	Work Contact Phone:	Position Title:

INDICATE REASON FOR REQUEST:

- ☐ Personal Illness
- ☐ Birth of a Child
- ☐ Military Duty - Training
- ☐ Qualifying Exigency
- ☐ Workers' Compensation
- ☐ Family Member's Illness: _____(relationship to employee)
- ☐ Adoption
- ☐ Military Duty – Reserve Active Duty
- ☐ Military Caregiver Leave
- ☐ Other: _____

EXPECTED LENGTH OF LEAVE:

Begin Date:	Expected Return to Work Date:

LEAVE EXHAUSTION REQUEST: ***(Employee's request will be approved in consideration of policy requirements. Leave without pay will follow paid leave exhaustion):***

Applying for Family Medical Leave-FMLA? ☐ Yes ☐ No

Applying for Family Illness Leave-FIL? ☐ Yes ☐ No *(for family member's illness only)*

- ☐ Sick Leave — ☐ Retain Number of Sick Leave Hours: _____
- ☐ Approved Leave — ☐ Retain Number of Approved Leave Hours: _____
- ☐ Supplement Workers' Comp (2 hrs/wk) — ☐ Yes ☐ No (indicate if employee chooses to supplement)
- ☐ Other: _____

_____

Employee's Signature (*or signature of authorized agent & relationship to employee)* Date

☐ I understand and acknowledge my leave benefit options and my responsibilities while on LOA status.

To be completed by HR or HR Designee ONLY:

☐ Approved ☐ Tentatively Approved (***pending receipt of additional information***)

Begin Date:	Expected Return to Work Date:

Medical Certification Required? ☐ Yes, every _____ days. ☐ No

Reinstatement Certification Required? ☐ Yes ☐ No

☐ Denied Reason for Denial: _____

_____

HR/Manager's or HR Designee's Signature Date

☐ HR/Manager/Designee certifies Leave Kit and copy of finalized LOA Request form were provided to the employee.