

REQUEST FOR LEAVE OF ABSENCE



Section 1: PERSONAL INFORMATION (Complete form and click *Submit* below to send to Leave Management.)

Last Name:	First Name:	Team Member ID:
Home Phone:	Cell Phone:	Job Title:

All correspondence will go to your Vidant Health email address. You can access it by [clicking here](#).

Section 2: LEAVE INFORMATION (Must be completed in order to process your request)

Anticipated Start Date: _____ **Anticipated Return Date:** _____

Please indicate the type of leave below. For additional information about leave types and their qualifying criteria, see the [Vidant Health Leaves of Absence policies](#) on PolicyStat and the [additional resources on the intranet](#).

Family Medical Leaves

The Family and Medical Leave Act (FMLA) entitles eligible team members who have worked 1,250 hours during the 12 months prior to take up to 12 workweeks of unpaid, job-protected leave in a 12-month period.

Team Member Illness

- Intermittent leave** (*missing a full or partial shift due to covered illness*)
- Full leave** (*4 or more days away from work due to illness*)

Child / Parent / Spouse Illness (*To care for your child, parent or spouse who has a serious health condition*)

- Intermittent leave** (*missing a full or partial shift due to covered illness*)
- Full leave** (*4 or more days away from work due to illness*)

Maternity (*Medical recovery time after birth of child*)

Bonding/Paternity (*To care for a child after birth - must be taken within one year of birth*)

Adoption / Placement of Foster Child (*Must be taken within one year of placement*)

Military Caregiver (*Spouse, child or parent who has been called to active duty in the Armed Forces in support of a contingency operation or has incurred an injury or illness in the line of duty while on active duty*)

Military Exigency (*Qualifying exigencies may arise when the employee's spouse, son, daughter, or parent who is a member of the Armed Forces (including the National Guard and Reserves) and who is on covered active duty or has been notified of an impending call or order to covered active duty*)

Other Leaves (not FMLA eligible or not FMLA related)

Educational (*Please attach educational information*. Request will be forwarded to your leader for approval.*)

Medical (non-FMLA) (*Only available for team member's own illness*)

Military (non-FMLA) (*Please attach a copy of orders**)

Other Personal (*Request will be forwarded to your leader for approval*)

***NOTE:** You will be able to attach additional documentation after clicking *Submit*.