## THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE Serious Illness and Disability Leave for Faculty

This form is for use by faculty who are requesting leave under the Faculty Handbook policy titled "Leaves of Absence and Other Adjustments of Employment Obligations."

on I: EMPLOYEE INFORMATION	N (To be completed)	by the <b>EMPLOYEE</b>	
Employee Name:			
	(Please	Print)	
Banner ID No.:	Phone No.:		
Title: Department:			
Reason for leave request:			
nrces. For the employee's serious less that Care Provider for Employee's Selete FMLA Form WH-380-F (Certification)	health condition con erious Health Condition ification of Health C	uplete <u>FMLA Form</u> ion (PDF) or for a are Provider for Fan	WH-380-E (Certification of an immediate family member nily Member's Serious Health
Leave request: with pay	or without pay	for	weeks
Starting Date:	Expected Ending Da	te:	
Employee Signature:	Date:		
on II: DEPARTMENT CHAIR INI	FORMATION (To be	e completed by the D	Dept. Chair)
Name:	Phone No.:		
Support: Yes	No		
Signature:		_ Date:	
on III: DEAN INFORMATION (	Γο be completed by t	he Dean of the Scho	ol or College)
Name:		Phone No.:	
Support: Yes	No		
Signature:		Date:	
on IV: PROVOST AND VICE CH	ANCELLOR FOR A	CADEMIC AFFAII	RS
us Illness and Disability leave is:	APPROVED WITH PAY	DISAPPR WITHOU	OVED: T PAY
ture:		_ Date:	
	Banner ID No.:  Title: Reason for leave request:  E: A medical certification from prices. For the employee's serious leader for Employee's Selete FMLA Form WH-380-F (Certification) No request for family medication in II: Department Chair In II: Department Chair In III: Department Chair In IIII: Department Chair In III: Depart	Employee Name:	(Please Print)  Banner ID No.: Phone

Return completed form to UNCP, Human Resources, PO Box 1510 Pembroke NC 28372

Revised 4/2012