

**STATE OF NORTH CAROLINA**  
**JUDICIAL BRANCH OF GOVERNMENT**  
**North Carolina Administrative Office of the Courts**  
**Human Resources Division**  
**PO Box 2448**  
**Raleigh, NC 27602**

Courier Box 56-10-50  
 HumanResources@nccourts.org

Phone: (919) 890-1100  
 Fax: (919) 890-1906

**APPLICATION  
 FOR LEAVE OF ABSENCE**

**NOTE:** This form is to be completed by an employee requesting a leave of absence (LOA), including a request for coverage under the Family And Medical Leave Act (FMLA), Family Illness Leave (FIL), and Military Leave or other LOA. After approval by the hiring authority or supervisor, please forward to NCAOC Human Resources. See Side Two for further instructions about FMLA or FIL eligibility. Upon receipt of this form, Human Resources will forward any additional forms to the employee.

**I. EMPLOYEE INFORMATION**

Name Of Employee		Last Day Worked	Expected Date Of Return
Social Security No. (Last Four Digits Only)		If employee does not have sufficient leave to cover the entire absence, leave without pay will be necessary unless the employee is receiving shared leave and/or advanced leave.  Will employee use leave for any or all of the absence? (check appropriate box) <input type="checkbox"/> Yes (all of the absence) <input type="checkbox"/> Yes (some of the absence) <input type="checkbox"/> No	
Home Address			
City, State, Zip			
Home Telephone No.	Judicial District/NCAOC Division	Accrued Leave to exhaust (in hours) _____ Approved leave (Vacation, bonus, etc.) _____ Sick _____	
Signature Of Employee		Date	Will employee apply for Voluntary Shared Leave and/or Advanced Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No

**REASON LEAVE REQUESTED**

<input type="checkbox"/> <b>FMLA for:</b> <input type="checkbox"/> Serious Health Condition of Employee <input type="checkbox"/> Birth or Adoption of Child <input type="checkbox"/> Serious Health Condition of: <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> <b>FIL - Serious Health Condition of:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Father <input type="checkbox"/> Mother	<input type="checkbox"/> <b>Military Leave</b> Expected Date Of Deployment _____ Expected Date Of Return To Work _____ Attach copy of orders and pay statement from military  <input type="checkbox"/> <b>LOA</b> <input type="checkbox"/> Extended Illness (Employee is not eligible for FMLA) <input type="checkbox"/> Parental Leave (Employee is not eligible for FMLA) <input type="checkbox"/> Other LOA _____
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**II. HIRING AUTHORITY APPROVAL**

Date Submitted	Signature Of Supervisor Or Hiring Authority
Title Of Supervisor Or Hiring Authority	Name Of Supervisor Or Hiring Authority (Please Print)
Comments:	

**III. HUMAN RESOURCES REVIEW AND VERIFICATION (FOR HR USE ONLY)**

Last Day In Pay Status	Date Reviewed And Verified	Signature Of Salary Administration Specialist
Distributed To: <input type="checkbox"/> Employee <input type="checkbox"/> Hiring Authority <input type="checkbox"/> Benefits <input type="checkbox"/> SAS (original copy)		
<b>DATES OF FMLA, FIL AND/OR DATES OF LWOP</b>		
<b>FMLA</b>	<b>FIL</b>	<b>LWOP</b>
Beginning Date	Beginning Date	Beginning Date
Ending Date	Ending Date	Ending Date

**IV. CERTIFICATION OF RETURN TO WORK**

I certify that the employee named above returned to work on the date listed below.

Date Employee Returned To Work	Date Submitted	Signature Of Supervisor Or Hiring Authority
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(Over)

## INSTRUCTIONS

### Section I - Employee Information

Employee should complete this section. Please be sure to sign and date.

- **Type(s) of Leave**

Check the box(es) next to the reason(s) for leave. For further explanation of which type of leave to check, see below.

- **Amount of Accrued Leave to be Used**

If the amount of leave to be taken is not indicated, all available balances will be exhausted prior to placing the employee on Leave Without Pay.

#### Additional Forms for FMLA and FIL

If employee is applying for FMLA and/or FIL, additional forms will be sent to the employee after Human Resources receives this application. For FMLA, employee must return the additional forms to Human Resources in a timely manner, as described in the FMLA policy. For FIL, employee must return the additional forms to Human Resources no later than twenty (20) days after form is mailed from Human Resources.

#### FMLA:

**Purpose:** FMLA eligible employees (*see eligibility requirements below*) can take up to twelve (12) weeks of leave per year for certain medical conditions without fear of losing their jobs or benefits.

**Who should apply for coverage under the FMLA:** Any employee who is absent from work three (3) consecutive days for an eligible medical condition. An employee should apply for FMLA even if exhausting approved leave (vacation, bonus, etc.), and/or sick leave.

**Employee Eligibility:** To be eligible for coverage under FMLA, an employee must be a permanent State government employee for at least twelve (12) months, having worked at least 1040 hours (half-time) during the previous 12-month period, at the time of the request. This program does not cover temporary employees unless their employment time has exceeded twelve (12) months.

**Period of Coverage:** FMLA leave may be taken for a period of up to twelve (12) weeks on a rolling twelve (12) month basis. **Note:** **FMLA leave begins the day after the employee's last work day, regardless of whether or not the employee is in a pay or leave without pay status. FMLA leave runs concurrent with any leave taken.**

#### Eligible Medical Conditions:

1. For the birth or adoption of a child. Leave must be taken within twelve (12) months after the birth or adoption.
2. For the serious health condition of an employee, employee's child, spouse, or parent.

#### Benefits of the FMLA:

1. **Reinstatement:** The employee shall be reinstated to the same position held when the leave began or one of like pay grade, pay, benefits, and other conditions of employment.
2. **Health Benefits:** The State shall maintain its portion of the cost for the employee-only health insurance coverage for the duration of the employee's FMLA at the level and under the conditions coverage as would have been provided if the employee had continued employment. While on FMLA, the employee will be responsible for paying any premiums normally paid while not on a leave of absence. Should the employee need to extend his or her leave of absence past the FMLA period, the employee will be responsible for the State's portion as well as his or her own premiums.
3. **State Service and Leave Accrual:** The employee shall retain retirement status and all unused leave upon reinstatement; however no leave or service will accrue during any period of leave without pay.

**The above information is to provide general guidelines for the FMLA Program. Full program information can be found in Section 5 of the Judicial Branch Human Resources Management Manual. Questions regarding this leave should be addressed to your Salary Administration Specialist at NCAOC Human Resources.**

#### FIL:

FIL is provided for a employee to care for the employee's child, parent, or spouse when that child, parent, or spouse has a serious health condition. **It is not provided for the employee's illness.** FIL provides a limited extension of the benefits provided under FMLA. FIL does not run concurrently with leave under FMLA. Eligibility for FIL begins only after the FMLA benefit has been exhausted. See the Family Illness Leave policy for more information.

#### Military Leave:

May be requested for periods of Active Duty or Inactive Duty for training. See the Military Leave policy for more information.

#### Other Leave of Absence (LOA):

LOA may be requested for other reasons, such as when an employee has a need to be absent from the workplace, but does not qualify for FMLA or FIL. LOA may also be requested for other types of absences, such as to attend training or education. See the Leave Without Pay policy for more information

**Section II - Hiring Authority Approval:** The supervisor or hiring authority should complete this section and send the form to Human Resources. Please retain a copy of this form to use when the employee returns to work.

**Section III - Human Resources Review and Verification (for HR use only):** NCAOC Human Resources will complete this section. A copy of the completed form will be sent back to the employee and hiring authority after verification.

**Section IV - Certification Of Return To Work:** When the employee returns to work, the supervisor or hiring authority should fill out this section and send it to Human Resources. This is to be completed for all Leaves of Absence. **It is extremely important to notify Human Resources immediately when an employee returns to ensure the employee will receive a paycheck.**