STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT
North Carolina Administrative Office of the Courts
Human Resources Division
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APPLICATION FOR LEAVE OF ABSENCE

NOTE: *This form is completed by an employee requesting a leave of absence (LOA), including a request for coverage under the Family Medical Leave Act (FMLA), Family Illness Leave (FIL), Military Leave, or other LOA type. After hiring authority approval,* ***forward to NCAOC Human Resources for processing. See Side Two for instructions. Human Resources may send additional forms directly to an employee requesting leave.***

SECTION I. EMPLOYEE INFORMATION

Name Of Employee	*Last Day Worked*	*Expected Return Date*

Judicial Branch Office Or Division Where Employee Is Employed

Home Address (including City, State, and Zip)

Home Telephone No.

Personal Email Address

Absence is ☐ Continuous ☐ Intermittent

Do you intend to use paid leave for this absence?
☐ Yes ☐ No

Do you intend to use paid leave for **all** or **part** of your absence?
☐ All ☐ Part

Explain how you wish for your leave to be exhausted:

SECTION II. REASON LEAVE REQUESTED

☐ **Family Medical Leave for:**
- ☐ Serious Health Condition of Employee
- ☐ Birth ☐ Adoption ☐ Foster Placement
- ☐ Serious Health Condition of:
  - ☐ Spouse ☐ Child ☐ Parent

☐ **Family Illness Leave - Serious Health Condition of:**
- ☐ Spouse ☐ Child ☐ Parent

☐ **Military Leave** *(Attach copy of orders and military pay statement)*
- Expected Deployment Date _____
- Expected Return To Work Date _____

☐ **Extended Illness** (Employee not eligible for FMLA)

☐ **Parental Leave** (Employee not eligible for FMLA)

☐ **Educational Leave**

☐ **Other Leave of Absence** _____

Signature Of Employee	*Date Of Signature*

SECTION III. HIRING AUTHORITY ACKNOWLEDGMENT

Signature Of Hiring Authority Or Designee	*Date Of Signature*
Name Of Hiring Authority Or Designee	*Title Of Hiring Authority Or Designee*

Comments:

Paid Parental Leave Authorized: *(if applicable)* ☐ Eight Weeks ☐ Twelve Weeks

SECTION IV. HUMAN RESOURCES USE ONLY

	Date Rec.	Mail/Email
Application for Leave of Absence (AOC-A-144)		
Notice Of Eligibility Form (WH-381)	**n/a**	
Cert of Health Care Form (WH-380E or WH-380F) **Due back** _____		
Designation Notice (WH-382)	**n/a**	
Confirmation email to HA/Supervisor	**n/a**	

Return date from supervisor email		Reinstatement Email to HR Specialist	

FMLA		PPL		Last Day in Pay Status

(Over)

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INSTRUCTIONS

Section I - Employee Information: This section is completed by the employee when applying for a leave of absence (LOA). For Human Resources to process the application, the employee must provide the type of LOA desired, number of leave hours, and type of leave that will be depleted during the LOA to continue normal salary. 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.

Paid Parental Leave (PPL): Eligible leave-earning employees may receive either eight (8) weeks or twelve (12) weeks of paid leave for the birth of a child, bonding with a newborn, adoption, or foster placement, at the discretion of their Hiring Authority. PPL may not be used for foster placements fewer than eight (8) weeks. PPL is prorated for part-time eligible employees. Each week of paid parental leave shall be compensated at 100% of an employee's regular salary. The employee must provide documentation to Human Resources within twenty-one (21) calendar days of the qualifying event.

Section II - Reason Leave Requested:
Family Medical Leave Act (FMLA): FMLA-eligible employees may take up to twelve (12) weeks of family medical leave per year when unable to work due to a serious health condition; for the birth, adoption, or foster placement of a child; or to care for the employee's child, spouse, or parent where that child, spouse, or parent has a serious health condition.

Family Illness Leave (FIL): FIL - is provided for eligible employees 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 conclusion of the FMLA period.

Additional Forms for FMLA or FIL: Those applying for FMLA or FIL receive additional forms by mail from NCAOC Human Resources. For FMLA: the employee must return the additional forms to Human Resources in a timely manner, as described in the FMLA policy. The additional forms are for FMLA compliance purposes. The employee must return a medical certification completed by a health care provider for leave taken to be covered as FMLA leave. If the employee does not provide medical certification, any leave taken is not FMLA leave. For FIL: the employee must return the additional forms to Human Resources no later than twenty-one (21) calendar days from the date forms are sent by Human Resources to the employee.

Who should apply for coverage under the FMLA: Employees meeting eligibility requirements should apply for FMLA if absent from work for a minimum of three (3) consecutive days for an eligible medical condition. The employee should apply for FMLA even if eligible for paid parental leave or when using accumulated leave to remain in pay status.

FMLA 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 employment time has exceeded twelve (12) months.

Period of Coverage: Those approved for FMLA coverage may take up to twelve (12) weeks of leave on a measured forward twelve (12) month basis. FMLA coverage begins the day after the employee's last work day and runs concurrent with any paid parental leave, approved leave, or sick leave taken.

Reinstatement from FMLA: 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 unless the employee decides not to return to work after FMLA expires.

State Health Benefits during FMLA Period: The Judicial Branch shall pay the employer portion of the cost for the employee's State Health Plan medical coverage during the FMLA period. During the FMLA period, the employee is responsible for paying any premiums normally paid while not on a leave of absence. Should the employee extend his or her leave of absence past the FMLA period, the employee will be responsible for the employer portion as well as his or her own premiums.

State Service and Leave Accrual during FMLA Period: The employee continues to earn monthly State service during the leave of absence, if in pay status by using accumulated leave. Leave-earning employees continue to accrue approved leave and sick leave while in pay status. State service and leave shall not accrue during periods of leave without pay.

Other Leave of Absence (LOA): LOA may be requested for reasons such as: Military Leave, educational leave, to attend training, or when the employee needs to take a medical leave of absence but does not meet requirements for FMLA or FIL.

Section III - Hiring Authority Acknowledgment: The hiring authority or their designee should complete this section and send the form to Human Resources. Please retain a copy of this form for your records.

Section IV - Human Resources Use Only: NCAOC Human Resources completes this section. Human Resources will contact employee/supervisor/hiring authority as needed with information needed.

When Employee Returns: Supervisor/Hiring Authority should contact Human Resources so that employee can be reinstated.

For comprehensive details, refer to the Judicial Branch Human Resources Management Manual, Section 5.

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