

FACULTY LEAVE REQUEST FORM

Date: _____

Faculty Member's Name: _____

Faculty Title: _____ Track: _____

Division: _____

Leave Dates Beginning: _____ Ending: _____

Section 1. Please mark (x) the type of leave requested

	<i>Leave</i>	<i>Required attachments</i>
	Parental Leave*	
	Temporary Medical Leave	Doctor's statement
	Family Medical Leave	Doctor's statement
	Disability Leave	Doctor's statement and Duke Disability office approval letter
	Sabbatical Leave	Request letter to Dean and sabbatical proposal
	Research Leave	Letter to Dean/Division Chair describing details
	Military Leave	Letter to Dean/Division Chair describing details
	Other Leave of Absence	Letter to Dean/Division Chair describing circumstances
	Unpaid Leave of Absence	Letter to Dean/Division Chair describing circumstances

Section 2. For temporary medical and parental leave requests, untenured Track I faculty members please indicate whether your leave request also includes a tenure clock extension and the time period of the extension.

	Without Tenure Clock Relief	
	With Tenure Clock Relief	Tenure clock extension period
	N/A	

**When a temporary parental leave is granted for non-tenured tenure-track faculty, an automatic one-year extension of the tenure probationary period will be approved.*

Signature:

Faculty Member

Concurring Signatures:

Division Chair

Dean

**Please forward form with all signatures and attachments to Dr Barbara Turner, Vice Dean for Faculty Affairs
barbara.turner@duke.edu**

Detailed information on faculty leaves is available in the Duke University Faculty Handbook, Chapter 4:

https://provost.duke.edu/sites/all/files/FHB_Chap_4.pdf