



Employee's Request for Extended Illness Form
(To be used when employee is not eligible for FMLA)

Date of Request: _____

Employee Name: _____

Beacon ID: _____ Supervisor: _____

Dept/Section: _____

Employee Statement:

I, _____, do hereby request a leave of absence from my position of _____ at ENCSD from _____ through _____.
Start Date (End Date)

This requested leave should be designated as (*check one*):

- Extended Illness (physician's note must be attached)
- Other; please state reason (i.e. personal, etc.) _____

By signing this Leave Request, I do hereby understand and affirm that I must submit sufficient medical documentation required for review of my request. I acknowledge that my Supervisor and/or School Director, along with Human Resources, will have access to my personal medical/health record.

Employee Signature

Date Signed

Employer Statement:

Your Request has been approved as the following: Extended Illness Other

Absence Reason: _____

Start Date: _____ End Date: _____

Expected to return to work date: _____. (*Must complete all dates*)

Request Denied

Comments: _____

Supervisor/Department Head Signature

Date

School Director Signature

Date

Leave Without Pay Guidelines:

When requesting Leave Without Pay (LWOP), the employee shall apply in writing to his/her supervisor for LWOP. The employee is obligated to return to duty within or at the end of the time granted. If the employee will not return to work by the date approved, the agency should be notified immediately. Failure to report at the expiration of a leave of absence unless an extension has been requested and/or granted, may be considered an immediate resignation.

Please refer to the attached *Benefits Leave of Absence* letter from the NC Office of State Controller regarding important processes related to continuation of benefits while on a leave of absence.