

**STATE OF NORTH CAROLINA**

**JUDICIAL BRANCH OF GOVERNMENT**  
Human Resources Division  
PO Box 2448  
Raleigh, NC 27602

Courier Box 56-10-50  
HumanResources@aac.state.nc.us

**APPLICATION  
FOR LEAVE WITHOUT PAY  
(LWOP)**

**NOTE:** This form is to be completed and returned by the hiring authority (before the actual last work day with documents attached). Please type or print and forward to the address listed above.

**I. EMPLOYEE INFORMATION**

Name Of Employee	Last Day Worked
Home Address	Effective Date Of Separation (last day in pay status)
City, State, Zip	(If the effective date of separation is different from the last day worked, the employee must complete this section.)
Home Telephone No.	<b>IMPORTANT:</b> (Amount of leave used between last day worked and separation date.) (See instructions on back of form before completing.)
Social Security No.	<b>VACATION:</b> _____ <b>SICK:</b> _____
Judicial District/AOC Division	<b>*EXPECTED DATE OF RETURN FROM LWOP:</b> _____
Date	<i>*It is extremely important to notify Human Resources immediately when an employee returns from LWOP to ensure the employee will receive a paycheck.</i>
	Signature Of Employee

Comments:

**II. PERSONNEL DOCUMENTS**

(check if attached)

- Time Sheets (month of separation and previous month)       Other Documentation Concerning LWOP Request

**III. TYPES OF LEAVE**

(check applicable box)

- FMLA (Family Medical Leave Act) \*see explanation on reverse side       Military  
 Parental (Not FMLA)       Education  
 Extended Illness (Not FMLA)       Other (Specify) \_\_\_\_\_  
 Short Term Disability

**IV. APPROVAL**

Date Submitted	Signature Of Supervisor Or Hiring Authority
Title Of Supervisor Or Hiring Authority	Name Of Supervisor Or Hiring Authority

**V. 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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**Section I - Employee Information**

List the amount of vacation and sick leave hours to be exhausted prior to being placed on leave without pay. If the effective date of separation is different from the actual last work day, the employee must use leave. If possible, include an approximate return date from leave without pay.

**Section II - Personnel Documents****Timesheets**

If the employee is exhausting vacation and/or sick leave before going on leave without pay, please send all timesheets showing the use of leave from the last day worked to the date of separation.

**Other Documentation Concerning LWOP Request**

If the employee submits any documents pertinent to the leave without pay request, such as a letter, note from a doctor, etc., please attach it to this form.

**Section III - Types Of Leave**

Check the box next to the reason for LWOP.

**Family and Medical Leave Program**

Purpose: The Family and Medical Leave Act of 1993 became law to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interest in preserving family integrity. Other purposes of this Act are to minimize the potential for employment discrimination on the basis of sex by ensuring generally that leave is available for eligible medical reasons on a gender-neutral basis; and to promote the goal of equal employment opportunity for women and men.

**Employee Eligibility:** To be eligible for coverage under the Family Medical Leave Act an employee must be a regular State government employee for at least 12 months, having worked at least 1040 hours, at the time of the request. This program does not cover temporary employees unless their employment time has exceeded 12 months.

**Period of Coverage:** Family and Medical Leave may be taken for a period of up to 12 weeks within a calendar year.

**Eligible Medical Conditions:**

1. For the birth or adoption of a child. Leave must be taken within 12 months after the birth or adoption.
2. For the illness of an employee, employee's child, spouse or parent.

**What is covered under the Family and Medical Leave Act:**

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 employee only health insurance coverage for the duration of the leave at the level and under the conditions coverage would have been provided if the employee had continued employment.
3. **State Service and Leave Accrual:** The employee shall retain retirement status and all unused sick and vacation leave upon reinstatement; however no leave or service will accrue during any period of leave without pay.

**Note:** Family Medical Leave begins the day after the employee's last work day regardless if the employee is in a pay or leave without pay status.

**The above information is to provide general guidelines for the Family and Medical Leave Program. Full program information can be found in your Personnel Management Manual. Questions regarding this leave should be addressed to the AOC Safety and Health Officer at AOC - Human Resources.**

**For information on the other types of leave listed under Section III, please refer to your Personnel Management Manual or contact the AOC - Human Resources office.**

**Section IV - Approval**

The supervisor or hiring authority should complete this section and mail the form to Human Resources. Please retain a copy of this form to use when the employee returns to work.

**Section V - Certification Of Return To Work**

When the employee returns from leave without pay, the supervisor or hiring authority should fill out this section and mail it to Human Resources.