

Application for Leave

Employee Name _____ Employee ID # _____

Department _____ College/Unit _____

REASON(S) FOR REQUEST

LEAVE DESIGNATION:

Family and Medical Leave* Work Related Injury/Illness* Neither

Check all boxes that apply

PAID LEAVE:

	Dates	# Hours		Dates	# Hours	
<input type="checkbox"/> Vacation	_____	_____	<input type="checkbox"/> Sick Leave* Please Specify:	_____	_____	
<input type="checkbox"/> Vacation in place of sick leave	_____	_____		Self Family*	_____	_____
<input type="checkbox"/> Parental Leave	_____	_____		<input type="checkbox"/> Illness/injury	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Organ Donation Leave	_____	_____		<input type="checkbox"/> Medical appointment	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Compensatory Time	_____	_____		<input type="checkbox"/> Death in Family	_____	_____
<input type="checkbox"/> Jury Duty/ Court Appearance*	_____	_____		<input type="checkbox"/> *Relationship	_____	_____
<input type="checkbox"/> Military Leave*	_____	_____	<input type="checkbox"/> Exposure to Contagious Disease	_____	_____	

TOTAL HOURS PAID LEAVE _____

UNPAID LEAVE: MEDICAL* PERSONAL*

- Unpaid Time Off* (10 or fewer consecutive working days)
 Beginning and Ending Dates _____ # Hours _____
- Unpaid Leave of Absence* (more than 10 consecutive working days)
 Beginning and Ending Dates _____ # Hours _____
 Last date worked _____ Last date in active pay status _____ Return date _____
- Extension of previously approved leave of absence*

TOTAL HOURS UNPAID LEAVE _____

ADDITIONAL INFORMATION: (Reason for absence, etc.)

**Any item followed by an (*) requires appropriate documentation. See reverse for explanation of documentation requirements.*
 I understand that approval of this request is contingent upon the availability of adequate leave balances. Falsification of this Application for Leave or of the supporting documentation is grounds for disciplinary action, up to and including dismissal.

Employee Signature: _____ Date _____

ADMINISTRATIVE ACTION

Department/Administrative Signature: _____ Date _____

College/Unit Signature: _____ Date _____

Staff absences require only the above two signatures. Faculty unpaid leaves and faculty paid leaves **DUE TO UNIVERSITY BUSINESS** that exceed ten consecutive work days during an academic quarter require approval by the department, college, and Provost (below).

Provost Signature: _____ Date _____

Approved Disapproved Comments: _____

OPTIONAL

Person responsible in my absence _____ Phone #: _____

In an emergency, I may be reached through _____ Phone #: _____ E-mail: _____

LEAVE EXPLANATIONS AND DOCUMENTATION REQUIREMENTS

TYPES OF LEAVES	EXPLANATION OF LEAVES	PROCESSING/DOCUMENTATION REQUIREMENTS
DESIGNATIONS		
<ul style="list-style-type: none"> Family and Medical Leave (FML) (HR Policy #6.05) 	<p>Entitles eligible faculty/staff to 12 work weeks of leave to care for 1) a child following birth/adoption, 2) a seriously ill family member, or 3) a serious personal illness. May be paid or unpaid.</p>	<p>Check appropriate box when requesting FML. Requires Medical Certification Statement (#53776).</p>
<ul style="list-style-type: none"> Work Related Injury/Illness 	<p>Absence resulting from accidental injury or illness occurring at work.</p>	<p>Check appropriate box when requesting leave. Requires documentation that complies with Ohio Bureau of Worker's Compensation. Contact Office of Human Resources/Integrated Disability (2-3439).</p>
<ul style="list-style-type: none"> None 	<p>Request does not apply to any of the leave designations.</p>	
PAID LEAVE (HR Policy #6.27)		
<ul style="list-style-type: none"> Vacation 	<p>Time off for personal reasons.</p>	<p>Follow department procedures.</p>
<ul style="list-style-type: none"> Sick Leave 	<p>Absence due to medical need; personal or immediate family member.</p>	<p>Follow department procedures. Medical Certification Statement may be required.</p>
<ul style="list-style-type: none"> Vacation in place of sick leave 	<p>Vacation used for absence due to medical need.</p>	<p>Follow department procedures. Medical Certification Statement may be required.</p>
<ul style="list-style-type: none"> Parental Leave 	<p>Time off for Regular employees (75% FTE or greater) due to birth or adoption of a child.</p>	<p>Follow department procedures. Medical Certification Statement may be required.</p>
<ul style="list-style-type: none"> Organ Donation Leave 	<p>Regular employees (75% FTE or greater) who donate an adult kidney or any portion of an adult liver or adult bone marrow.</p>	<p>Follow department procedures. Medical Certification Statement may be required.</p>
<ul style="list-style-type: none"> Compensatory Time 	<p>Time off in lieu of overtime by non-exempt staff.</p>	<p>Pre-approved and scheduled by mutual agreement within 180 days.</p>
<ul style="list-style-type: none"> Jury Duty/Court Appearance 	<p>Excused absence if subpoenaed to serve on a jury or as a witness.</p>	<p>Attach copy of subpoena or summons as required.</p>
<ul style="list-style-type: none"> Military Leave 	<p>Leave of absence without loss of pay for up to 31 calendar days or a maximum of 176 hours a calendar year.</p>	<p>Attach copy of military orders as required.</p>
UNPAID LEAVE (HR Policy #6.45)		
<ul style="list-style-type: none"> Medical Leave 	<p>Approved time off without pay for employee's medical reasons.</p>	<p>Check appropriate box. Medical Certification Statement may be required.</p>
<ul style="list-style-type: none"> Personal Leave 	<p>Approved time off without pay for personal reasons including to care for immediate family member.</p>	<p>Check appropriate box. For personal leave, provide written description of specific nature of leave. Medical Certification Statement may be required to justify family member's medical condition.</p>
<ul style="list-style-type: none"> Unpaid Time Off 	<p>Approved time off without pay for less than 10 consecutive working days.</p>	<p>Follow department procedures. Process in HRIS.</p>
<ul style="list-style-type: none"> Unpaid Leave of Absence 	<p>Approved time off without pay for more than 10 consecutive working days for medical or personal leave.</p>	<p>STAFF: Department approves or disapproves unpaid leave of absence requests. If approved, the department assures dates are accurate and supporting documentation is complete, and processes in HRIS. Employee is responsible for arranging continuation of benefits with the Office of Human Resources/Benefits (2-1050).</p> <p>FACULTY: Unpaid leaves of absence require approval of the department chair, dean, and provost. Sick leave and vacation DO NOT require approval of the provost. An unpaid leave of absence may not exceed two consecutive years; is granted for no more than one year at a time; and does not automatically stop the tenure clock for probationary tenure track faculty. See http://oaa.ohio-state.edu/handbook/ix_loa.html for further information on faculty leaves of absence.</p>
<ul style="list-style-type: none"> Extension of Previously Approved Leave 	<p>For medical and personal leave of absence.</p>	<p>Requires updated Medical Certification Statement.</p>

This is not intended as an exhaustive description of policies and procedures governing leave options. For documentation see HR Policies & Procedures Manual (<http://hr.osu.edu>) and collective bargaining agreements for bargaining unit members. Contact the Office of Human Resources, Consulting Services (2-2800) with questions about this form and leave procedures.