Application for Leave

Employee Name			Employee ID	#		
Department			College/Unit_			
LEAVE DESIGNATION: Check all boxes that apply	☐ Family and	d Medical Leave*	☐ Work Related In	njury/Illne	ess*	☐ Neither
PAID LEAVE:	ates # Ho	ours		[Dates	# Hours
☐ Vacation			ck Leave*			
☐ Vacation in place of sick leave			ease Specify:	Self	Family*	
			☐ Illness/injury			
☐ Organ Donation Leave			☐ Medical appointment		П	
☐ Compensatory Time			☐ Death in Family			
☐ Jury Duty/ Court Appearance*			*Relationship			
☐ Military Leave*			☐ Exposure to Contagious Disease			
<u>]</u>	TOTAL HOURS PAI	D LEAVE				
UNPAID LEAVE:	* PERSONAL*	r				
☐ Unpaid Time Off* (10 or fewer c	onsecutive working	days)				
Beginning and Ending Dates			# Ho	urs		
☐ Unpaid Leave of Absence* (mor	e than 10 consecuti	ve working days)				
Beginning and Ending Dates			# Ho	urs		
Last date worked						
☐ Extension of previously approve						
	TOTAL HOURS UNI	DAID I EAVE				
UNIVERSITY BUSINESS/ABSENCE FROM WORKSITE: Dates: ADDITIONAL INFORMATION: (Reason for absence, etc.)						
ADDITIONAL INFORMATION: (Re	ason for absence,	etc.)				

Any item followed by an () requi I understand that approval of this r Application for Leave or of the sup	equest is contingent	upon the availabi	lity of adequate leav	e balan	ices. Falsi	fication of this
Employee Signature:						
Employee Signature.				Date		
Department/Administrative Signatu						
Staff & faculty require the above si semester, term, or session require				k days (during an a	academic
College/Unit Signature:				_ Date_		
Provost Signature:				_ Date		
☐ Approved ☐ Disapproved C	comments:					
Person responsible in my absence)			Phor	ne #:	
In an emergency, I may be reache	d through	Pr	none #:	E-	mail:	

LEAVE EXPLANATIONS AND DOCUMENTATION REQUIREMENTS

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TYPES OF LEAVES	EXPLANATION OF LEAVES	PROCESSING/DOCUMENTATION REQUIREMENTS				
DESIGNATIONS		TIEGOTIEMENTO				
• Family and Medical Leave (FML) (HR Policy #6.05)	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.	Check appropriate box when requesting FML. Requires Medical Certification Statement (#53776).				
Work Related Injury/Illness	Absence resulting from accidental injury or illness occurring at work.	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).				
• None	Request does not apply to any of the leave designations.					
PAID LEAVE (HR Policy #6.27)						
Vacation	Time off for personal reasons.	Follow department procedures.				
Sick Leave	Absence due to medical need; personal or immediate family member.	Follow department procedures. Medical Certification Statement may be required.				
Vacation in place of sick leave	Vacation used for absence due to medical need.	Follow department procedures. Medical Certification Statement may be required.				
Parental Leave	Time off for Regular employees (75% FTE or greater) due to birth or adoption of a child.	Follow department procedures. Medical Certification Statement may be required.				
Organ Donation Leave	Regular employees (75% FTE or greater) who donate an adult kidney or any portion of an adult liver or adult bone marrow.	Follow department procedures. Medical Certification Statement may be required.				
Compensatory Time	Time off in lieu of overtime by non-exempt staff.	Pre-approved and scheduled by mutual agreement within 180 days.				
Jury Duty/Court Appearance	Excused absence if subpoenaed to serve on a jury or as a witness.	Attach copy of subpoena or summons as required.				
Military Leave	Leave of absence without loss of pay for up to 31 calendar days or a maximum of 176 hours a calendar year.	Attach copy of military orders as required.				
UNPAID LEAVE (HR Policy #6.45)						
Medical Leave	Approved time off without pay for employee's medical reasons.	Check appropriate box. Medical Certification Statement may be required.				
Personal Leave	Approved time off without pay for personal reasons including to care for immediate family member.	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.				
Unpaid Time Off	Approved time off without pay for less than 10 consecutive working days.	Follow department procedures. Process in HRIS.				
Unpaid Leave of Absence	Approved time off without pay for more than 10 consecutive working days for medical or personal leave.	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).				
		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 <u>not</u> 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.				

• Extension of Previously Approved Leave ABSENCE FROM WORKSITE:

When faculty are absent for more than ten consecutive work days, this form must be completed in advance of the absence, and approved by the department, college and provost, as required by university rules. For faculty and staff who are traveling or absent on university business, this form may be required by departments as needed. It is not required by the university-wide travel policy.

Requires updated Medical Certification Statement.

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.

For medical and personal leave of absence.