



Name: _____

Employee ID#: _____

All leave requests must be submitted electronically by an employee and approved/disapproved by a supervisor. The Leave Request Adjustment form is required to provide appropriate audit documentation for leave taken by an employee that was erroneously recorded or not recorded at all. The completion of a Leave Request Adjustment Form is required in the following situations:

- The timesheet has been closed in the WorkForce Timekeeping System and the employee needs to change and/or correct leave time that was previously submitted and approved electronically.
- Employee is unavailable and supervisor needs to enter leave time directly into an employee's timesheet to resolve errors in order to meet timekeeping deadlines.

Each situation requires the signature of both the employee and the supervisor. If the employee is not available to sign the form on timekeeping deadline day, submit the unsigned form to the Business and Finance Service Center. Staff in the Service Center will follow up with the employee to obtain his/her signature.

FROM			TO		
Paid Leave			Paid Leave		
<input type="checkbox"/> Family and Medical Leave <input type="checkbox"/> Neither <input type="checkbox"/> Work Related Injury/Illness			<input type="checkbox"/> Family and Medical Leave <input type="checkbox"/> Neither <input type="checkbox"/> Work Related Injury/Illness		
Leave Type	Date(s)	# Hours	Leave Type	Date(s)	# Hours
<input type="checkbox"/> Incomplete/Employee Unavailable			<input type="checkbox"/> Regular		
<input type="checkbox"/> Regular			<input type="checkbox"/> Sick Leave*		
<input type="checkbox"/> Sick Leave*			<input type="checkbox"/> Vacation		
<input type="checkbox"/> Vacation			<input type="checkbox"/> Compensatory Time		
<input type="checkbox"/> Compensatory Time			<input type="checkbox"/> Vacation in Place of Sick Leave		
<input type="checkbox"/> Vacation in Place of Sick Leave			<input type="checkbox"/> Parental Leave		
<input type="checkbox"/> Parental Leave			<input type="checkbox"/> University Business		
<input type="checkbox"/> University Business			<input type="checkbox"/> Organ Donation Leave		
<input type="checkbox"/> Organ Donation Leave			<input type="checkbox"/> Military Leave*		
<input type="checkbox"/> Military Leave*			<input type="checkbox"/> Jury Duty/Court Appearance		
<input type="checkbox"/> Jury Duty/Court Appearance			<input type="checkbox"/> Other:		
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:		
Unpaid Leave			Unpaid Leave		
<input type="checkbox"/> Medical* <input type="checkbox"/> Personal*			<input type="checkbox"/> Medical* <input type="checkbox"/> Personal*		
Leave Type	Date(s)	# Hours	Leave Type	Date(s)	# Hours
<input type="checkbox"/> Unpaid Time Off (10 or fewer working days)*			<input type="checkbox"/> Unpaid Time Off (10 or fewer working days)*		
<input type="checkbox"/> Unpaid Leave of Absence (More than 10 consecutive working days)*			<input type="checkbox"/> Unpaid Leave of Absence (More than 10 consecutive working days)*		

Employee Certification	
Employee certifies that all information provided on the Leave Request Adjustment form is true and complete to the best of his/her knowledge. Falsification of this form is grounds for disciplinary action, up to and including dismissal.	
Employee Signature:	Date:
Supervisor Signature:	Date:

*Requires appropriate documentation (please see reverse side of this form)

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) 	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).
<ul style="list-style-type: none"> 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).
<ul style="list-style-type: none"> None 	Request does not apply to any of the leave designations.	
PAID LEAVE (HR Policy #6.27)		
<ul style="list-style-type: none"> Vacation 	Time off for personal reasons.	Follow department procedures.
<ul style="list-style-type: none"> Sick Leave 	Absence due to medical need; personal or immediate family member.	Follow department procedures. Medical Certification Statement may be required.
<ul style="list-style-type: none"> Vacation in place of sick leave 	Vacation used for absence due to medical need.	Follow department procedures. Medical Certification Statement may be required.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Compensatory Time 	Time off in lieu of overtime by non-exempt staff.	Pre-approved and scheduled by mutual agreement within 180 days.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> University Business 	Absence from regular work site for work related or professional reasons.	Follow department procedures for reporting absence. Emergency information is optional.
UNPAID LEAVE (HR Policy #6.45)		
<ul style="list-style-type: none"> Medical Leave 	Approved time off without pay for employee's medical reasons.	Check appropriate box. Medical Certification Statement may be required.
<ul style="list-style-type: none"> 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.
<ul style="list-style-type: none"> Unpaid Time Off 	Approved time off without pay for less than 10 consecutive working days.	Follow department procedures. Process in HRIS.
<ul style="list-style-type: none"> Unpaid Leave of Absence 	Approved time off without pay for more than 10 consecutive working days for medical or personal leave.	<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 <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.</p>
<ul style="list-style-type: none"> Extension of Previously Approved Leave 	For medical and personal leave of absence.	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.