



SECTION 1: PERSONAL INFORMATION

Employee's Full Name: First M.I. Last OSU Employee ID# (required)
Student Life
Department College/Unit

SECTION 2: REASON(S) FOR REQUEST

LEAVE DESIGNATION: (Check all boxes that apply) ☐ Family and Medical Leave* ☐ Work Related Injury/Illness* ☐ Neither

PAID LEAVE:

| | Dates | Hours | Estimated Hours Approval (Initials)** | | Dates | Hours | Estimated Hours Approval (Initials)** |
|--|-------|-------|---------------------------------------|---|--|-------|---------------------------------------|
| <input type="checkbox"/> Vacation | | | | <input type="checkbox"/> Sick Leave* | | | |
| <input type="checkbox"/> Vacation in place of sick leave | | | | Please Specify: | | | |
| <input type="checkbox"/> Parental Leave | | | | <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Self <input type="checkbox"/> Family* | | |
| <input type="checkbox"/> Organ Donation Leave | | | | <input type="checkbox"/> Medical Appointment | <input type="checkbox"/> Self <input type="checkbox"/> Family* | | |
| <input type="checkbox"/> Compensatory Time | | | | <input type="checkbox"/> Death in Family | | | |
| <input type="checkbox"/> Jury Duty/Court Appearance* | | | | Relationship* | | | |
| <input type="checkbox"/> Military Leave* | | | | <input type="checkbox"/> Exposure to Contagious Disease | | | |

Total Hours Paid Leave: _____

**For preapproval of a partial day of work, initial the Estimated Hours Approval column and list the approximate time(s) of absence in Additional Information below. Initialing in this column gives your timekeeper permission to enter of the actual number of hours needed to make your regularly scheduled work hours for the day, up to the number of hours listed in the Hours column.

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: _____ University Business/Absence from Worksite (Dates): _____

ADDITIONAL INFORMATION: (Reason for absence, estimated time(s) of absence, etc.)

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

SECTION 3: ADMINISTRATIVE ACTION

Supervisor Signature Date

Staff and faculty require the above signature. Faculty away for longer than 10 consecutive work days during an academic semester, term or session require approval by the department, college and provost.

☐ Approved ☐ Disapproved Comments: _____

Any item followed by an (*) requires appropriate documentation. See reverse for explanation of documentation requirements.

SECTION 5: LEAVE EXPLANATIONS AND DOCUMENTATION REQUIREMENTS

| TYPES OF LEAVES | EXPLANATION OF LEAVES | PROCESSING/DOCUMENTATION REQUIREMENTS |
|---|--|---|
| DESIGNATIONS | | |
| 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 Human Resources/Integrated Disability (292-3439). |
| 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. | <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 (292-1050).</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 lock for probationary tenure-track faculty. See oaa.osu.edu/assets/files/documents/facultycompensation.pdf for further information on faculty leaves of absence.</p> |
| Extension of Previously Approved Leave | For medical and personal leave of absence. | Requires updated Medical Certification Statement. |

SECTION 6: ABSENCE FROM WORKSITE

When faculty are absent for more than 10 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.

This is not intended as an exhaustive description of policies and procedures governing leave options. For documentation see the HR Policies (hr.osu.edu/policy) and collective bargaining agreements for bargaining unit members.

Contact the **Office of Human Resources, Consulting Services (614-292-2800)** with questions about this form and leave procedures.