



Application for Leave

Employee Name : _____ Department : _____ Employee ID# : _____

LEAVE DESIGNATION:

CHECK ALL BOXES THAT APPLY Family and Medical Leave* Work Related Injury/Illness* Neither

PAID LEAVE:

	Dates	# Hours		Dates	# Hours
<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	Self <input type="checkbox"/> Family* <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	*Relationship _____	_____
<input type="checkbox"/> Jury Duty/Court Appearance	_____	_____	<input type="checkbox"/> Exposure to Contagious Disease		_____
<input type="checkbox"/> Military Leave*	_____	_____	<input type="checkbox"/> COTC Personal Leave	_____	_____
<input type="checkbox"/> Campus Business	_____	_____			

TOTAL HOURS OF PAID LEAVE: _____

UNPAID LEAVE:

MEDICAL* PERSONAL*

Unpaid Time Off* (10 or fewer consecutive 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 day in active pay status _____ Return date _____

Extension of previous approved leave of absence*

TOTAL HOURS OF 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: _____

Supervisor Signature: _____ Date: _____

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

Dean/Director or President Signature: _____ Date: _____

Approved Disapproved Comments: _____

Person responsible in my absence _____ Phone #: _____
In an emergency, I may be reached through _____ Phone #: _____ Email: _____

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 	Entitles eligible faculty/staff to 12 work weeks of leave to care for 1) a child following birth/adoption, 2) a serious personal illness or 3) a seriously ill family member. May be paid or unpaid.	Check appropriate box when requesting FML. Requires Medical Certification Statement.
<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 the Office of Human Resources.
<ul style="list-style-type: none"> • Neither 	Request does not apply to any of the leave designations.	
PAID LEAVE		
<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-approval and scheduled by mutual agreement within agreement within 180 days.
<ul style="list-style-type: none"> • Jury Duty/Court Appearance 	Excused absence if subpoenaed to serve on jury or 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 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"> • Campus Business 	Absence from regular work site for work related or professional reasons.	Follow department procedures for reporting absence.
<ul style="list-style-type: none"> • COTC Personal Leave 	Approved leave for COTC faculty to conduct personal business.	Follow procedures as outlined in the collective bargaining agreement.
UNPAID LEAVE		
<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.
<ul style="list-style-type: none"> • Unpaid Leave of Absence 	Approved time off without pay for more than 10 consecutive working days.	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. Employee is responsible for arranging continuation of benefits with HR. FACULTY: Unpaid leaves of absence require approval of the Provost or President. Sick leave and vacation DO NOT require this approval. 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.
<ul style="list-style-type: none"> • Extension of Previously Approved Leave 	For medical and personal leave of absence.	Requires up-dated Medical Certification Medical Certification Statement.

This is not intended as an exhaustive description of policies and procedures governing leave options. For documentation, see HR Policies and Procedures Manual and collective bargaining agreements for bargaining unit members. Contact the Office of Human Resources with questions about this form and leave procedures.