State of Ohio

Request For Leave

Name (Last) (First) (Middle Initial) | Date

Employing Unit

I request leave

Beginning _____ (time) ☐ A. M. ☐ P. M. _____ (date), _____ (year), and

Ending _____ (time) ☐ A. M. ☐ P. M. _____ (date), _____ (year), for the following reason:

Mark Appropriate Boxes Below:

☐ Sick Leave # of Hours _____ (Explain)

☐ Vacation # of Hours _____ ☐ Personal # of Hours _____ ☐ Compensatory # of Hours _____

☐ Leave Without Pay (Explain)

☐ Bereavement | Name of Deceased | Relationship | Date of death

(Attach copy of subpoena or summons)

☐ Jury Duty ☐ Witness Duty

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

☐ Military With Pay ☐ Military Without Pay

☐ Adoption / Childbirth Leave | Event Date | Do you wish to supplement? ☐ Yes ☐ No

☐ Pending Disability ☐ Pending Workers' Compensation | Do you wish to supplement? ☐ Yes ☐ No

☐ Other (Explain) | Is this absence due to a condition for which an FMLA Certification form is on file? ☐ Yes ☐ No | **Total Hours Requested**

I have insufficient sick leave for the above request.
I request the following in lieu of sick leave:

☐ Vacation ☐ Personal

☐ Compensatory ☐ Leave Without Pay

I certify that this request for leave form contains true and complete information.

Signature of Employee

Administrative Action

☐ Recommended ☐ Not Recommended

Supervisor Signature Date

Remarks

☐ Approved ☐ Disapproved

Appointing Authority Signature Date

Remarks