

How to complete an Application of Leave Form (<http://hr.osu.edu/forms/appleave.pdf>)

Complete all Application of Leave Forms as follows:

- ◆ Name
- ◆ EID
- ◆ Department & College/Unit
- ◆ Check in the appropriate Leave Designation box (at the top of the page)
 - Family Medical Leave (FMLA)-prior approval
 - Work Related Injury/Illness
 - Neither
- ◆ Dates match hours & hours match dates
- ◆ Mark the correct type of “Paid Leave”
 - ◆ **Sick Leave**-If not for “Self” mark “Family” and the relationship must be specified
 - ◆ **Sick Leave** – If out for 3 consecutive days (8 hours x 3) Dr. excuse must accompany leave form
 - ◆ **Death in Family** – relationship must be specified
 - ◆ **University Business:**
 - ◆ Must include a reason for University business usage under the “Additional Information” area (Calculate each day taken as 8 hours)
- ◆ “Total Hours Paid Leave” totaled and completed accurately
- ◆ Signature of Employee
- ◆ Signature of Direct Supervisor
- ◆ “Person responsible in my absence” must be completed by all Directors and Chairs

Biweekly (Staff & Students) - Turn timesheet & Application of Leave Forms into Jackie Severance’s mailbox; Rm: 327 Arps

Monthly (Faculty, Staff, & Ga’s) - Turn Application of Leave Forms into Jackie Severance’s mailbox; Rm: 327 Arps

If you have any questions or concerns, please contact me at 614-292-8067 or severance.15@osu.edu.