

The request should include a copy of **recent medical** documentation indicating that the employee is unable to perform the essential job duties of the position due to a disabling illness, injury, or condition.

Note: Timekeeping records for the period of the employee’s medical leave should also accompany this request.

Required Employee Information

Employee name: _____ Employee ID: _____

Job Title: _____

Work Location: _____

Supervisor’s name: _____

Union member Yes No

Required Leave Information

Family and Medical Leave (FML) – Refer to hr.osu.edu/policy/policy605.pdf

Is the employee eligible for FML?

Yes Please attach supporting documentation including FML designation notice.

No If NO, please explain

Dates of approved FML From: _____ To: _____

Date of FML exhaustion: _____

Leave of Absence Dates:

Lost work days From: _____ To: _____

Dates of unpaid leave, if granted From: _____ To: _____

Estimated return to work date, if known _____

Department Contact _____ Phone number: _____

Submit the completed form to:
 Office of Human Resources, Integrated Disability
 Attention: Jennifer Hertzfeld
 1590 N. High Street, Suite 300
 Fax number 614-292-0271
 Email: jhertzfeld@hr.osu.edu