

**NOTE: Timekeeping records** for the period of the employee's medical leave should accompany this request.

**SECTION 1: REQUIRED EMPLOYEE INFORMATION**

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Employee's Full Name: First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ OSU Employee ID# \_\_\_\_\_

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Work Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Job Title \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Union Member:  Yes  No

**SECTION 2: REQUIRED LEAVE INFORMATION**

**Family and Medical Leave (FML):** Refer to [hr.osu.edu/policy/policy605.pdf](http://hr.osu.edu/policy/policy605.pdf)

**Is the employee eligible for FML?** Please attach supporting documentation including FML designation notice.

Yes  No If no, please explain:

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**Dates of approved FML:** From \_\_\_\_\_ To \_\_\_\_\_

**Date of FML exhaustion:** \_\_\_\_\_

**Leave of Absence Dates:**

**Total lost work days:** From \_\_\_\_\_ To \_\_\_\_\_

**Dates of unpaid leave, if granted:** From \_\_\_\_\_ To \_\_\_\_\_

**Estimated return to work date, if known:** \_\_\_\_\_

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Department Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Return completed form to:**  
Office of Human Resources  
Integrated Absence Management & Vocational Services  
1590 N. High Street, Suite 300, Columbus, OH 43201-2190  
  
Email: [silva.85@osu.edu](mailto:silva.85@osu.edu)