

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

SECTION 1: REQUIRED EMPLOYEE INFORMATION

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

Work Address: Street _____ City _____ State _____ Zip Code _____

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

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

Yes No If no, please explain:

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: _____

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: fisco.7@osu.edu