

Instructions to Faculty and Staff

This form should be completed for each use of sick or personal leave and submitted upon return to work following each absence. Upon approval by the department head/manager, the form will be sent to the Payroll Office for recording and disposition.

If the use of sick or personal leave is disapproved, the department head/manager will return the form to the employee indicating the reason for disapproval.

Information Regarding Use of Sick Leave

The use of sick leave will be charged in hours; the minimum which can be charged against sick leave is one-quarter day.

When a faculty member misses work due to an illness, the use of a sick day must be charged.

When a faculty member is sick for a period of days, sick leave days shall be charged from the first day missed until he or she returns to work (only 5 days will be charged in a 7-day period).

A final examination week and any break periods shall be treated like any other week of the quarter.

Sick leave is the authorized absence from duties due to:

- 1) Personal illness, injury or temporary disability
- 2) Exposure to contagious disease which could be communicated to other members of the university family.
- 3) Illness, injury, or death of individual's immediate family. Immediate family is defined as: spouse, son, daughter, mother, father, brother, sister, grandparent, great-grandparent, grandchild, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, and a legal guardian or other person who stands in place of a parent (in loco parentis). Sick leave granted for a death in the immediate family shall not exceed five (5) work days.
- 4) Medical, dental, psychological, or optical examination or treatment of an employee or a member of his or her immediate family.
- 5) Sick leave may be eligible as Family and Medical Leave. Please refer to University Policy No. 40.054.

Information Regarding Use of Personal Leave for Administrative Employees

The use of personal leave will be charged in hours; the minimum which can be charged against personal leave is one-quarter day. Refer to University Policy No. 40.027.

Ohio University**Request for Paid Time Off (Faculty and Administrative Staff)**

Name _____		Date: _____
(Check One) <input type="checkbox"/> Full-Time Employee		<input type="checkbox"/> Part-Time Employee
Soc Sec No. _ _ - _ _ - _ _ _ _	Employee ID No. _ _ _ _ _ _ _ _	Please check <input type="checkbox"/> Sick Day <input type="checkbox"/> Early Retiree Sick Day (Retired Faculty Only) <input type="checkbox"/> Personal Day (Administrative Staff Only)
Located on Pay Stub Hours: _ _ _ _ _ _ Days: _ _ _ _ _ _ (Payroll use only)		
Part I Member's Request		
I request approval of _____ hours or day(s) (circle one) of the above leave beginning _____ and ending _____ Date Date		
Part II Complete If Time Off Is For Use of Sick Leave:		
Personal illness. Nature of illness: _____		
Personal Injury. Nature of injury: _____		
Examination: _____ Medical _____ Dental _____ Optical _____ Other: _____		
Serious illness in immediate family: _____		
Death in immediate family: _____		
Other (specify): _____		
Part III Complete If Sick Leave Is Family And Medical Leave		
<input type="checkbox"/> I am requesting sick leave as Family and Medical Leave. (Refer to Policy No. 40.054) A completed Health Care Provider's Certification Form is attached. I affirm the statements herein are true.		
Part IV Employee Signature Required		
_____ Signature of Employee		
Part V Administrative Action Required		
___ Approved ___ Disapproved Remarks _____		
_____ Date Signature of Department Head/Manager		
Part VI Record Control		
Payroll Manager - the above sick or personal time should be deducted from employee's sick or personal time balance.		