



REQUEST FOR LEAVE OF ABSENCE

Please check one: [] Classified [] Administrative [] Faculty

Employee Name _____ Banner I.D. _____
Department/Campus _____

Is this request due to a work-related injury or illness? [] No [] Yes

If yes, date of incident: _____ (You must file an "Employee Report of Injury or Occupational Illness" form.)

I request PAID LEAVE for the reason(s) indicated below (see guidelines on back of form):

SICK LEAVE (FMLA - documentation required)

Personal illness/injury/examination or treatment by a licensed medical practitioner _____ hours on _____ date(s)

Pregnancy and/or childbirth and related medical conditions Due date: _____ Anticipated return date: _____ _____ hours on _____ date(s)

Illness/injury/treatment of immediate family member: _____ hours on _____ date(s)

Death of _____ on _____ Family Relationship _____ Date _____ hours on _____ date(s)

VACATION _____ hours on _____ date(s)

COURT LEAVE (including Jury Duty) _____ hours on _____ date(s)

MILITARY LEAVE _____ hours on _____ date(s)

COMPENSATORY LEAVE (for classified employees only) _____ hours on _____ date(s)

DONOR LEAVE (liver, kidney, or bone marrow - documentation required) _____ hours on _____ date(s)

FAMILY AND MEDICAL LEAVE (REDUCE SICK BALANCE) _____ hours on _____ date(s)

FAMILY AND MEDICAL LEAVE (REDUCE VACATION BALANCE) _____ hours on _____ date(s)

PAID PERSONAL LEAVE (converted from sick leave) _____ hours on _____ date(s)

POLL WORKER LEAVE _____ hours on _____ date(s)

I request LEAVE WITHOUT PAY for reasons indicated below (see guidelines on back of form):

PERSONAL LEAVE _____ hours on _____ date(s)

EDUCATIONAL LEAVE _____ hours on _____ date(s)

CHILD CARE LEAVE _____ hours on _____ date(s)

TEMPORARY DISABILITY LEAVE _____ hours on _____ date(s)

FAMILY AND MEDICAL LEAVE _____ hours on _____ date(s)

[] Approved [] Disapproved [] Approved [] Disapproved

Employee Signature _____ Date _____
Supervisor/Department Head/Dean _____ Date _____
Appointing Authority/Designee _____ Date _____

Below is a brief summary of the University's Policies and Procedures regarding paid and unpaid leaves of absence. If further information is needed, consult the University Policy Register, or contact Academic Personnel, or Human Resource Services and Solutions (HRSS). Leave is charged in minimum units of one-quarter hour (fifteen minutes) for hourly employees. Minimum units for contract employees will be determined by each appointing authority. NOTE: In the event of absence due to illness, an employee may be required to provide documentation from a licensed physician upon request by management.

WORK-RELATED INJURY OR ILLNESS The form, "Employee Report of Injury or Occupational Illness" (PS-2550 A 7/86) must be completed by the employee, immediate supervisor, and if applicable, all witnesses, in the event of an occupational injury or illness.

SICK LEAVE (3342-6-11.1) It is the policy of the University to provide paid sick leave for its employees in accordance with the provisions of sections 124.38 and 124.39 of the Ohio Revised Code. Sick leave may be requested for the following reasons:

- ① Illness or injury of the employee or a member of the employee's immediate family;
- ② Death of a member of the employee's immediate family;
- ③ Medical, dental, optical, or psychological examination or treatment of the employee or a member of the immediate family by an appropriate licensed practitioner;
- ④ Exposure of an employee to a contagious disease which could be communicated to and jeopardize the health of other employees;
- ⑤ Disability due to pregnancy and/or childbirth and related medical conditions.

Definition of "immediate family" is the employee's spouse, parents, children, grandparents, siblings, grandchildren, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, step-parents, step-children, step-siblings, domestic partner, or a legal guardian or other person who stands in place of a parent.

In the event of a prolonged illness or injury of a member of the immediate family, it is understood that the employee will make arrangements as soon as possible for other assistance to care for the afflicted member of the family. Sick leave will be granted only for a reasonable period of time to enable the employee to make necessary arrangements.

Sick leave granted by reason of death in the immediate family will not exceed 5 working days. Up to 5 days are allowed for the care of the employee's wife and family during the postnatal period.

VACATION (3342-6-11.7) Accrual rate of paid vacation leave is based upon years of service and employment status. Vacation may be accumulated up to that amount which can be earned in a three-year period. Department heads or supervisors are responsible for scheduling vacations in their areas of responsibility.

COURT LEAVE (3342-6-11.5) A copy of the subpoena is required. All compensation received for court or jury duty shall be remitted to the Bursar's Office, Kent State University, unless such duty is performed outside of normal working hours. Send copy of remittance to the Personnel Department.

MILITARY LEAVE (3342-6-11.6) An employee who is a member of state or federal armed forces may be granted up to 176 hours of paid military leave per calendar year, with supporting written orders. A new employee must work 90 days before entering the military.

COMPENSATORY LEAVE (3342-6-07.9) (For classified employees only) An employee who earns overtime pay may choose to take compensatory time off instead of cash payment. Compensatory time may be accrued up to a maximum of 120 hours.

DONOR LEAVE A full-time employee shall receive up to 240 hours of leave with pay during each calendar year to use during those hours when the employee is absent from work because of the employee's donation of any portion of an adult liver, or kidney. Additionally, employees shall receive up to 56 hours of leave with pay during each calendar year to use during those hours when the employee is absent from work because of the employee's donation of adult bone marrow. An appointing authority shall compensate a full-time state employee who uses leave granted under this section at the employee's regular rate of pay for those regular work hours during which the employee is absent from work.

POLL WORKER LEAVE Eligible university employees who volunteer as poll workers can request paid leave during a general, primary, or special election Ohio. The decision to grant leave remains with the supervisor, subject to the operational needs of the unit.

PAID PERSONAL LEAVE (converted from sick leave) (3342-6-11.2) Eligible employees may convert a portion of their sick leave to paid personal leave (maximum of 32 hours per fiscal year for full-time employees and 24 hours per fiscal year for part-time employees).

PERSONAL LEAVE (3342-6-11.10) The authorization of unpaid personal leave is a matter of administrative discretion.

EDUCATIONAL LEAVE (3342-6-11.10) Unpaid leave to pursue formal education of benefit to the University may be approved for a total period not to exceed 2 years.

CHILD CARE LEAVE (3342-6-11.10) Upon request, up to 12 weeks of unpaid child care leave will be granted to an eligible employee during the first 12 months following childbirth or adoption. Up to an additional 14 weeks may be granted at the discretion of the appointing authority.

TEMPORARY DISABILITY LEAVE (3342-6-11.3) (3342-6-11.10) Upon request and with proper medical certification, up to 6 months of unpaid temporary disability leave may be granted to an eligible employee.

FAMILY AND MEDICAL LEAVE (3342-6-11.10) (3342-6-11.11) Upon request and with proper medical certification, up to 12 weeks of paid or unpaid leave per calendar year will be granted to an eligible employee in accordance with the provisions of the Family and Medical Leave Act.