

Supervisor's Signature

Parental Paid Leave of Absence Form for Graduate Students

Graduate Student's Name:	First Name	Middle Nam	e (optional)	Last Name
OHIO Personal Identification ((PID) number (e.g., P	000000000):		
OHIO email (e.g., XXXXXX@oh	nio.edu):			
Check which one applies:				
Master's Student		Doctoral Student		
Degree Program Name:				
Select the College where your	degree program res	sides:		
Center for International Studies College of Arts and Sciences College of Business College of Fine Arts College of Health Sciences and Professions		s	_	of Education f Engineering and Technology of Communication
Select which best describes yo	our Graduate Appoir	ntment:		
Graduate assistantshi	p Research assistantsl		ip	Teaching assistantship
Identify the department wher	e your graduate app	oointment resides:		
List your Advisor's First and La	ast Names:			
Advisor's Email (XXXXXX@ohi	o.edu):			
Date to begin Parental Paid Le	eave of Absence (MN	//DD/YYYY):		
Date to return from Parental	Paid Leave of Absen	ce (MM/DD/YYYY):		
Attach any additional informa	tion, as necessary.			
Graduate Student's Signature		Date	Date	

Date

Submit completed form to the Ohio University Graduate College, Grosvenor 102.

For questions, contact the Graduate College at 740.593.2800 or email graduate@ohio.edu.