



OHIO
UNIVERSITY

**Division of Student Affairs
Leave Request Form**

Department/ Office:

Name, Title:

Date of request:

Number of days requested:

Nature of leave (medical/ personal/ vacation/ professional):

Leave begins (time & date):

Leave ends (time & date):

Vacation days remaining **after** request:

I may be contacted at:

Person in charge during my absence:

Emergency contact #(s) of person in charge:

Signature

Supervisor's Approval/ Disapproval

Date