Ohio University
Request for Use of Sick Leave (Classified Employees)
(See instructions to right)

Part I EMPLOYEE’S REQUEST
I hereby request approval of ______ hours of sick leave beginning
___________________________ a.m./p.m. Date___________________________
and ending ______________________ a.m./p.m. Date ______________________
for the following reasons:

A. Illness, injury, or pregnancy-related condition of the employee or a member
   of the employee's immediate family where the employee's presence is
   reasonably necessary for the health and welfare of the employee or
   affected family member.

B. Death of a member of the employee’s immediate family (use of sick leave
   not to exceed five days).

C. Medical, psychological, dental or optical examination by an appropriate
   practitioner for the employee or member of the immediate family where
   the employee's presence is reasonably necessary. (An employee has the
   obligation to report to work before and after such an examination.)

D. Exposure of employee to a contagious disease which could be
   communicable to and jeopardize the health of other employees.

DEFINITION OF IMMEDIATE FAMILY: Spouse, parents, children, grandparents,
great-grandparents, brother, sister, grandchildren, brother-in-law, sister-in-law,
daughter-in-law, son-in-law, mother-in-law, father-in-law, domestic partner and
children, parents or siblings of domestic partner or legal guardian or other person
who stands in place of a parent (in loco parentis).

Part II EMPLOYEE’S AFFIDAVIT
I have sufficient sick leave accrued to cover this absence. Yes __ No ___
I am requesting this sick leave as Family and Medical Leave.
(Refer to Policy #40.054.) A completed Health Care Provider's
Certification Form is attached.

I swear or affirm that statements herein are true. I understand that falsification
of either a written, signed statement or a physician's certificate, if required,
shall be grounds for disciplinary action, including dismissal.

____________________________________
Signature of Employee

Part III SUPERVISOR ACTION
Approved as appropriate use of sick leave (refer to policy #40.030).
Yes _____ No _____

Supervisor Signature

Part IV ADMINISTRATIVE ACTION
Approved ___Disapproved ___

Chair/Department Head Signature

Instructions to Employee

2. This form must be completed for every use of sick leave. You may submit the
   form either before or after the time for which sick leave is requested, depending
   on circumstances. In any event, the form must be submitted no later than the
   first day after your return to work.

3. For an authorized absence which extends beyond one pay period, your
   supervisor may approve paid sick leave (if available) without this application,
   providing he/she is kept informed of your condition. On the first day you
   return to work from an extended absence, you will submit an application for
   the use of sick leave to cover the entire period of your absence.

4. In case of illness or injury to an employee or member of his/her immediate
   family which exceeds seven (7) consecutive calendar days, a physician's
   statement specifying the employee's inability to report to work and the
   probable date of recovery is required.

5. If sick leave is for a period of time in which medical attention was not required,
   complete Parts I and II. Take the form to your supervisor. The supervisor
   should then complete Part III and send it to the department head.

6. Completed forms should be retained by the department until preparation and
   verification of the employee's time sheet for the pay period during which the
   sick leave was paid. The forms will then be sent to University Human
   Resources.

7. Sick Leave may be eligible as Family and Medical Leave. Please refer to
   Policy #40.054.

Information Regarding Use of Sick Leave

1. Sick leave will be granted to employees only upon approval of the department
   head for the following reasons:

A. Illness, injury, or pregnancy-related condition of the employee or a member
   of the employee's immediate family where the employee's presence is
   reasonably necessary for the health and welfare of the employee or
   affected family member.

B. Death of a member of the employee’s immediate family (use of sick leave
   not to exceed five days).

C. Medical, psychological, dental or optical examination by an appropriate
   practitioner for the employee or member of the immediate family where
   the employee's presence is reasonably necessary. (An employee has the
   obligation to report to work before and after such an examination.)

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   communicable to and jeopardize the health of other employees.