



Graduate Student Parental Paid Leave of Absence Reimbursement Form

Department:

College:

- Center for International Studies
- College of Arts and Sciences
- College of Business
- College of Fine Arts
- College of Health Sciences and Professions

- Graduate College
- Patton College of Education
- Russ College of Engineering and Technology
- Scripps College of Communication
- Voinovich School

Department Chair's Name:

Department Chair's OHIO email (e.g., XXXXXX@ohio.edu):

Chief Financial Administrative Officer's Name:

Chief Financial Administrative Officer's OHIO email (e.g., XXXXXX@ohio.edu):

Departmental Account:

Reimbursement Requested:

Appointment type (check one):

Appointments with internal funding – the replacement cost to cover this student's responsibilities during the leave is:

Please briefly note the source of those replacement costs (e.g., overload pay to another instructor, hourly student employee, etc.):

Appointments with external research grant – the student's prorated stipend for the leave period is:

Graduate Student's Name:

Student's Role:

G.A.

R.A.

T.A.

Student's OHIO Personal Identification (PID) number (e.g., P000000000):

Student's OHIO email (e.g., XXXXXX@ohio.edu):

Graduate Student's Leave Description (check one):

Primary Caregiver
(Maximum 6 weeks per policy)

Spouse or Domestic Partner
(Maximum 3 weeks per policy)

Leave must begin during an appointment period and end not more than 6 or 3 weeks after birth or adoption.

Parental Leave Begins:

Parental Leave Ends:

Department Chair's Signature:

Date:

Chief Financial Administrative Officer's Signature:

Date:

Submit this form to the Graduate College in Grosvenor 102. Any questions can be directed to graduate@ohio.edu. FOR GRADUATE COLLEGE USE ONLY

Approved:

Yes

No

July 2021