



**OHIO**  
UNIVERSITY

Human Resources

**Occupational Injury/Illness Option of Sick Leave  
or Unpaid Medical Leave of Absence**

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I, (Employee Name) \_\_\_\_\_ (Employee ID) \_\_\_\_\_

Elect to exercise the following option regarding my occupational injury/illness which occurred on

(Month/Day/Year) \_\_\_\_\_.

I wish to use my accrued paid sick leave through (Month/Day/Year) \_\_\_\_\_.

I do not elect to use my accrued paid sick leave. I wish to be placed on an unpaid Medical Leave of Absence

(Request for Unpaid Medical Leave of Absence form must be attached.)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ohio University Department: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_