



**Request for Emergency Service Leave**

Employees are eligible for 40.0 hours of emergency service leave in a calendar year.

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Address \_\_\_\_\_

Leave Type	Date	Run Start Time	Run End Time	Hours
<input type="checkbox"/> Volunteer Firefighter	_____	_____	_____	_____
<input type="checkbox"/> Paramedic	_____	_____	_____	_____
<input type="checkbox"/> EMT-Basic	_____	_____	_____	_____
<input type="checkbox"/> EMT-1	_____	_____	_____	_____
<input type="checkbox"/> First Responder	_____	_____	_____	_____

Village: \_\_\_\_\_

Township: \_\_\_\_\_

County: \_\_\_\_\_

Agency Certification Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**Please return this form and direct questions to:**

Ohio University Human Resources, Attn: Leave Manager, Grosvenor Hall 324, 1 Ohio

University, Athens, OH 45701, T: (740) 593-1636, F: (740) 597-1337, \*Email: [uhr@ohio.edu](mailto:uhr@ohio.edu)