OHIO UNIVERSITY
Human Resources

Employee /Donators Name: _____ **OHIO Email:** _____

Last,   First,   M.I. **Employee #:** _____

Number of Sick Hours Requested: _____ (a maximum of 160 or 20 days is allowed)

Reason for Request: ☐ Employee Illness/Injury **or** ☐ Family Member Illness/Injury

If request is for a family member:

Family Member Name: _____ **Relationship:** _____

I hereby request the above listed number of sick leave hours (either directly from individual employees or directly from the sick leave pool) for my serious illness or injury or that of a covered family member. The purpose of my request meets the conditions of the sick leave donation program in accordance with Article 30 of the AFSCME 3200 CBA and referenced below. as outlined below:

- A serious illness or injury is a non-workers compensation related health condition of the employee or family member (as defined by the Family Medical Leave Act)
- Serious illness or injury includes conditions resulting in absences to receive multiple treatments (including any period of recovery) either for surgery, injury, or chronic conditions. Examples may include care for chronic conditions (diabetes, asthma, etc.), conditions that require multiple periodic treatments (cancer, physical therapy, etc.), and/or conditions for which treatment may not be effective (terminal disease, stroke, etc.).

Employee's Signature: _____ **Date:** _____

Supporting Leave Documentation

Employee will need to have a current active physician certification (FMLA #04 (employee) or FMLA #05 (family member) on file with University Human Resources for this request to receive donated sick leave to be processed. If no current active physician certification is on file with University Human Resources a new certification will need to be completed. FMLA forms can be found by visiting https://www.ohio.edu/hr/resources/forms or contacting UHR at 740-593-1636 or uhr@ohio.edu.