State of Ohio

Request For Leave

Name (Last)	(First)	(Middle Initial)	Date

Employing Unit

I request leave

Beginning _____ (time) _____ (date) , and

Ending _____ (time) _____ (date) , for the following reason:

Mark Appropriate Boxes Below:

☐ Sick Leave # of Hours _____ (Explain)

☐ Vacation # of Hours _____ ☐ Personal # of Hours _____ ☐ Compensatory # of Hours _____

☐ Leave Without Pay (Explain)

☐ Bereavement | Name of Deceased | Relationship | Date of death

(Attach copy of subpoena or summons)

☐ Jury Duty # of Hours _____ ☐ Witness Duty # of Hours _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

☐ Military With Pay # of Hours _____ ☐ Military Without Pay # of Hours _____

☐ Adoption / Childbirth Leave | Event Date | # of Hours _____ | Do you wish to supplement? ☐ Yes ☐ No

☐ Pending Disability # of Hours _____ ☐ Pending Workers' Compensation # of Hours _____ | Do you wish to supplement? ☐ Yes ☐ No

☐ Other (Explain)	# of Other Hours _____	Is this absence due to a condition for which an FMLA Certification form is on file? ☐ Yes ☐ No	**Total Hours Requested** **0**

I have insufficient sick leave for the above request.
I request the following in lieu of sick leave:

☐ Vacation ☐ Personal

☐ Compensatory ☐ Leave Without Pay

I certify that this request for leave form contains true and complete information.

Signature of Employee

Administrative Action

☐ Recommended ☐ Not Recommended	☐ Approved ☐ Disapproved
Appointing Authority Signature Date	Appointing Authority Signature Date
Remarks	

ADM 4258 E (Rev. 6-1999)