



Request for Leave – Funded Graduate Students

This form is used to make and approve leave requests for Graduate Associates, Fellows, and Trainees paid through the Ohio State payroll (funded graduate students). Requests for leave from appointment duties should be made as far in advance as possible. **Students on leave from their appointments must generally continue to meet minimum registration requirements.**

SECTION I. TO BE COMPLETED BY THE STUDENT AND SUBMITTED TO APPOINTING UNIT SUPERVISOR

Student's Name (Print): _____

Student's Appointing Unit: _____ Student's Graduate Program: _____

Student's Appointment Type (check one):

- Graduate Associate (GTA, GRA, GAA)
- Fellow
- Trainee

Leave Designation (check short-term absence or leave of absence and reason for request):

- | | |
|---|---|
| <input type="checkbox"/> Short-term absence (generally one to three days; may be up to two weeks in rare circumstances) | <input type="checkbox"/> Leave of absence (See definitions on page two; attach appropriate documentation in support of the request.) |
| <input type="checkbox"/> Personal illness/injury | <input type="checkbox"/> Personal serious health condition |
| <input type="checkbox"/> Death in family | <input type="checkbox"/> Care for an immediate family member with a serious health condition |
| <input type="checkbox"/> Other (explain): _____ _____ | <input type="checkbox"/> Childbirth or adoption |

Dates of Requested Absence: From _____ To _____

I certify that the information provided as part of this request is true, accurate, and complete. I understand that a person who, knowingly and with intent to defraud, requests leave using materially false information is guilty of fraud, which may result in disciplinary action, including action under the *Code of Student Conduct*.

Signature/Date – Student: _____

SECTION II. TO BE COMPLETED BY APPOINTING UNIT SUPERVISOR

Note: In the case of a leave of absence, the following signatures are required: the appointing unit supervisor; the student's advisor; and the student's graduate studies committee chair. **Once a decision has been made, a completed copy of the form should be returned to the student requesting leave.**

Action

- Approved.
- Not approved. Comments (or attach explanation): _____

Signature/Date - Appointing Unit Supervisor: _____

Signature/Date (required for leave of absence) - Student's Advisor: _____

Signature/Date (required for leave of absence) - Graduate Studies Coordinator (Janelle): _____

For Office Use: Entered into Spreadsheet? _____ Copy for Student? _____

SECTION III. DEFINITIONS

Serious health condition – an illness, injury, impairment, or physical/mental condition that meets any one of the following:

- Involves inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or any subsequent treatment in connection with such inpatient care.
- Continuing treatment by a health care provider that consists of a period of incapacity that also involves treatment multiple times by a health care provider, or treatment at least once by a health care provider that results in a regimen of continuing treatment and continuing incapacity.
- Chronic conditions – episodic incapacity (e.g. diabetes, epilepsy), permanent/long-term conditions (e.g. Alzheimer's, cancer) or multiple treatments (e.g. chemotherapy, dialysis)

Immediate family – spouse, domestic partner, mother, father, sister, brother, daughter, son, grandparent, grandchild, mother-in-law, father-in-law, sister-in-law, brother-in-law, daughter-in-law, son-in-law, grandparent-in-law, grandchild-in-law, or corresponding relatives of the graduate student's partner, other persons for whom the graduate student is legally responsible, and anyone who stood *in loco parentis* to the graduate student as a child. To use a leave of absence for the care of a domestic partner or for the corresponding relative of the partner, a completed Affidavit of Domestic Partnership for Funded Graduate Students' Leaves of Absence must be on file with the Graduate School.

Childbirth/Adoption:

- Birth mother – a female who gives birth to a child.
- Father – a male who is legally responsible for child rearing as the male spouse or domestic partner of the birth mother.
- Domestic partner – a same- or opposite-sex adult partner who has met the requirements of and has a completed Affidavit of Domestic Partnership on file with the Graduate School.
- Adoptive parent – a parent who has taken a child into one's family, through legal means, to raise as one's own child

SECTION IV. APPOINTING UNIT TRACKING REQUIREMENTS

By category of GA, trainee, or fellow, appointing units will periodically be asked for the information listed below in order to assess the program; therefore, appointing units should develop procedures and identify personnel to track this information in order to be prepared to respond to these data requests.

- The number of leaves of absence approved and reason for the leave (personal illness, family illness, or childbirth/adoption)
- The length of the approved leaves of absence
- The number of leaves of absence not approved and reasons why