



Name:
Department:
Emplid:

REQUEST/CERTIFICATION OF LEAVE

THIS FORM IS TO BE USED TO REQUEST LEAVE

Submit for any absence from campus. EX: adjusting work hours to cover medical appointments, attendance at professional meetings or educational classes, or other absence from the University during regularly scheduled work times.

This form must be completed by all exempt full-time and part-time employees (faculty, contract professionals, and bi-weekly staff) (OAC 3359-11-01)

Employees who wish to utilize Family and Medical Leave Act or require periods of extended leave should contact Benefits Administration at X7092.

PURPOSE OF LEAVE WITH PAY

- VACATION
- SICK LEAVE
 - PERSONAL IMMEDIATE FAMILY
- PROFESSIONAL - LOCATION/TELEPHONE CONTACT – INDICATE IN COMMENTS
- OTHER – STATE REASON FOR LEAVE – INDICATE IN COMMENTS

COMMENTS

Date	Time	Total Hours

I certify the dates and purpose of the leave are accurate as reported. I understand that falsification may result in disciplinary action, up to and including termination.

EMPLOYEE SIGNATURE:

DATE:

REQUESTED FOR LEAVE APPROVED
 DISAPPROVED

CERTIFICATION OF LEAVE APPROVED
 DISAPPROVED

SUPERVISOR SIGNATURE:

DATE:

DISTRIBUTION: Original signed copy should be forwarded to appropriate Dean/Vice President for end of month summary reporting by unit to Benefits Administration, +0602.

Human Resources
 Administrative Services Building
 Akron, Ohio 44325+0602

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