**Appendix F:** Request for Leave – Funded Graduate Students

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| --- | --- |
| Ohio State logo red | 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

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):

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

**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.*

**Contact Phone #(Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 Committee Chair:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_