

Appendix G Biophysics Leave Of Absence Form



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):

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

Contact Phone Number (Required): _____

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 Committee Chair: _____