

Request for leave – funded graduate students

This form is used to make and approve leave requests for funded graduate students (graduate associates, fellows, and trainees) paid through the Ohio State payroll. 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. See reverse for definitions and responsibilities. See Appendix E, [Graduate School Handbook](#)

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; 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, student: _____ Date _____

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, appointing unit supervisor: _____ Date _____

Signature, student's advisor (required for leave of absence): _____ Date _____

Signature, graduate studies committee chair (required for leave of absence): _____ Date _____