

State of Ohio  
**Request For Leave**

Name _____	(Last) _____	(First) _____	(Middle Initial) _____	Date _____
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Employing Unit \_\_\_\_\_

I request leave

Beginning \_\_\_\_\_ (time) ☐ A. M. ☐ P. M. \_\_\_\_\_ (date), \_\_\_\_\_ (year), and

Ending \_\_\_\_\_ (time) ☐ A. M. ☐ P. M. \_\_\_\_\_ (date), \_\_\_\_\_ (year), for the following reason:

**Mark Appropriate Boxes Below:**

☐ Sick Leave # of Hours \_\_\_\_\_ (Explain)

<input type="checkbox"/> Vacation # of Hours _____	<input type="checkbox"/> Personal # of Hours _____	<input type="checkbox"/> Compensatory # of Hours _____
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☐ Leave Without Pay (Explain)

<input type="checkbox"/> Bereavement	Name of Deceased _____	Relationship _____	Date of death _____
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(Attach copy of subpoena or summons)

☐ Jury Duty ☐ Witness Duty

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

☐ Military With Pay ☐ Military Without Pay

<input type="checkbox"/> Adoption / Childbirth Leave	Event Date _____	Do you wish to supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Pending Disability <input type="checkbox"/> Pending Workers' Compensation	Do you wish to supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Other (Explain)	Is this absence due to a condition for which an FMLA Certification form is on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Total Hours Requested</b>
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I have insufficient sick leave for the above request.  
I request the following in lieu of sick leave:

☐ Vacation ☐ Personal  
☐ Compensatory ☐ Leave Without Pay

**I certify that this request for leave form contains true and complete information.**

\_\_\_\_\_  
Signature of Employee

**Administrative Action**

☐ Recommended ☐ Not Recommended

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Approved ☐ Disapproved

Appointing Authority Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Remarks \_\_\_\_\_

**This foregoing document was electronically filed with the Public Utilities**

**Commission of Ohio Docketing Information System on**

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**in**

**Case No(s). 03-6000-XX-XXX**

Summary: Exhibit test electronically filed by Mrs. Donielle Genesky on behalf of PUCO