

**College of Arts & Sciences**  
**LONG-TERM SICK LEAVE APPROVAL FORM**

The Ohio Revised Code 124.38 states that all State agencies “require an employee to furnish a satisfactory written, signed statement to justify the use of sick leave. If medical attention is required, a certificate stating the nature of the illness from a licensed physician shall be required to justify the use of sick leave.”

In complying with the Federal laws for FMLA, please send a physician’s statement explaining the nature of the illness, the justification for use of sick leave, and the expected date of return to teaching duties to the office of Human Resources, 1851 N. Research Drive, Room 106. To protect the confidentiality of your medical information, do not attach the statement to this form. All medical information may only be shared with Human Resources.

Name of Faculty Member \_\_\_\_\_

Beginning date of sick leave \_\_\_\_\_

Date of expected return to work \_\_\_\_\_

**Has the physician’s statement been sent to Human Resources?** ☐ YES ☐ NO

**Will parental leave be used?** ☐ YES ☐ NO

**NOTE:** If approved by Human Resources, FMLA and sick leave will likely run concurrently.

Signature: \_\_\_\_\_  
Faculty member Date

Endorsed by: \_\_\_\_\_  
Department Chair/Director Date

REQUEST APPROVED ☐

REQUEST DENIED ☐

Signature: \_\_\_\_\_  
Dean or designee

\_\_\_\_\_  
Date

Internal use only:

Sick leave available balance \_\_\_\_\_ hours

Usage with this request \_\_\_\_\_ hours

Remaining Balance \_\_\_\_\_ hours