



## Request for Leave – Interns

This form is used to make and approve leave requests for Interns. Requests for schedule time off should be made in advance as far as possible but no later than 30 days prior to the first day of leave requested.

Name (print): \_\_\_\_\_

Dates: \_\_\_\_\_ to: \_\_\_\_\_ Total number of days: \_\_\_\_\_ Total number of hours: \_\_\_\_\_

Personal (vacation, etc.) [10 days per year one year appointment]

Activity: \_\_\_\_\_

Professional (attend scientific meeting, elective educational experiences, interview, etc.)  
[5 days maximum per one year appointment]

Additional information to include name of meeting/experience and location: \_\_\_\_\_

Trade Required:  Yes  No

Name of Person Trading Shift: \_\_\_\_\_  
Printed Signature

Shift Traded: \_\_\_\_\_

NOTE: Illness, injury, jury duty, etc. should be reported through: [eleave.osu.edu](http://eleave.osu.edu)

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.

Intern's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This request has been approved by the following individuals:**

Faculty Member/Clinical: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed

Faculty Member/Clinical: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Intern Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Department Chair: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

The department will retain a copy of this form in the intern's records. In signing the Request for Leave, the Intern Director indicates that they have received this form with complete signatures and approves the absence of the intern.