



Medical Leave of Absence Request Graduate Student/Postdoctoral Scholar

If the need for leave is foreseeable: Submit your request 30 days in advance of the leave begin date.

If the leave is not foreseeable: Submit your request as soon as possible (typically within 1-2 days).

Submit Requests to: medical.leave@oregonstate.edu or fax: 541-737-0553

Name: _____ University ID: _____

Major: _____ Department/College: _____

Supervisor (if applicable) and Major Professor: _____

Are you a Postdoctoral Scholar? Yes No

Are you a graduate student? Yes No

If yes, are you on a graduate assistantship? Yes No

- If yes, please submit your request in EmpCenter under My Time Off rather than using this form.

Details of Request

I am requesting leave from _____ through _____
(MM/DD/YYYY) (MM/DD/YYYY)

Reason for leave: Parental Leave
 Own Serious Health Condition
 Care of a Family Member with a Serious Health Condition
Name / Relationship of Family Member: _____

Contact Information while on Leave

Mailing Address: _____
Street Address, City, State, Zip

Email: _____ Telephone: _____

Signature

Graduate Student/Post-Doctoral Scholar Signature

Date

Human Resources Review, Designation and/or Approval

Graduate Assistantship Medical Leave Policy

Position # _____ Effective Dates: _____ Meets Graduate School Eligibility Yes No

Approved Not Approved; Reason _____

Postdoctoral Scholar Medical Leave Policy

Position # _____ Effective Dates: _____

Approved Not Approved; Reason _____

Medical Leave Policy for Graduate Students

Student Eligible Student Not Eligible
 Reason Qualifies Reason Does Not Qualify; Reason _____

Human Resources Signature

Date