



# The Supreme Court of Ohio

## Application for Adoption/Childbirth Leave Employee Statement (Maximum benefit: 12 weeks)

Employee's Name		State of Ohio User ID Number		
Address	Street	City	State	Zip Code
Home Phone	Work Phone		Office	

Expected Date of Event:	Date Last Worked:
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### Supplement with accrued leave

	During the remainder of the adoption/childbirth leave I would like to supplement my 70% benefit with the following accrued leave time. (A full time employee would need to use 24 hours of leave time per pay period to supplement the benefit up to 100% pay)			
		Hours      Used in this order		
	<input type="checkbox"/> Sick Leave	<table border="1"><tr><td> </td><td> </td></tr></table>		
	<input type="checkbox"/> Personal Leave	<table border="1"><tr><td> </td><td> </td></tr></table>		
<input type="checkbox"/> Vacation Leave	<table border="1"><tr><td> </td><td> </td></tr></table>			
<input type="checkbox"/> Compensatory Leave	<table border="1"><tr><td> </td><td> </td></tr></table>			

Expected Return to Work Date:
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Employee Authorization: I have read and understand the attached State of Ohio Policy regarding Adoption/Childbirth Leave for Exempt Employees.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

For Human Resources Use:	
Benefits	From: _____ To: _____
Employee Returned to Work:	_____ Estimated Return: _____
Processed by:	_____