

## The Supreme Court of Ohio

## Application for Adoption/Childbirth Leave Employee Statement

(Maximum benefit: 6 weeks, including 14 calendar day waiting period)

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 Wor	ked:	
Waiting Period	Supplement v	with accrued	leave
There is a required 14 calendar day waiting period for Adoption/Childbirth Leave. (80 hours for full time employees) During the 14 calendar day waiting period, I wish to use the following hours and types of leave balances so that I receive a full paycheck:  Hours  Sick Leave Personal Leave Vacation Leave Compensatory Leave	During the rema would like to sup accrued leave ti	eave	option/childbirth leave I 0% benefit with the following e employee would need to pay period to supplement  Used in Hours this order
Expected Return to Work Date:			
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:  14 Day Waiting Period From:  Benefits From:  Employee Returned to Work:  Processed by:	To:	imated Return	