

State of Ohio
Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 12/14/12

Employing Unit _____

I request leave

Beginning (time) _____ A. M. P. M. December 17 (date) 12 (year), and

Ending (time) _____ A. M. P. M. December 28 (date) 12 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 72 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ Name of Deceased _____ Relationship _____ Date of Death _____

(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave Event Date _____ **Supervisor Remarks** Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ Do you wish to supplement? Yes No

Other (Explain) _____ Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No **Total Hours Requested** 72

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information

Betsy Houchen
Signature of Employee

Entered 12/17/12 BIZ

Administrative Action

Recommended Not Recommended

Approved Disapproved

Supervisor Signature *Jessica A. Chene* Date 12/14/12

Appointing Authority Signature _____ Date _____

Remarks

Remarks

Exhibit 3

Page 2 of 7

State of Ohio Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 3/18/13

Employing Unit _____

I request leave

Beginning (time) _____ A. M. P. M. March 25 (date) 13 (year), and

Ending (time) _____ A. M. P. M. April 5 (date) 13 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ | Name of Deceased _____ | Relationship _____ | Date of Death _____

(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave | Event Date _____ | **Supervisor Remarks** | Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ | Do you wish to supplement? Yes No

Other (Explain) _____ | Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No | Total Hours Requested 80

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information

Betsy Houchen
Signature of Employee

Administrative Action

Recommended Not Recommended

Approved Disapproved

Supervisor Signature Juanita A. Chow Date 3/22/13

Appointing Authority Signature _____ Date _____

Remarks

Remarks

State of Ohio
Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 7/8/13

Employing Unit _____

I request leave
Beginning (time) _____ A. M. P. M. July 29 (date) 13 (year), and
Ending (time) _____ A. M. P. M. August 9 (date) 13 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ Name of Deceased _____ Relationship _____ Date of Death _____

(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave _____ Event Date _____ **Supervisor Remarks** _____ Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ Do you wish to supplement? Yes No

Other (Explain) _____ Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No **Total Hours Requested** 80

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:
 Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information

Signature of Employee

Administrative Action

Recommended Not Recommended Approved Disapproved

Supervisor Signature Janith A. Chund Date 7/26/13 Appointing Authority Signature _____ Date _____

Remarks _____ Remarks _____

Exhibit 3

Page 4 of 7

State of Ohio Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 10/31/13

Employing Unit _____

I request leave
Beginning (time) _____ A. M. P. M. December 2 (date) 13 (year), and
Ending (time) _____ A. M. P. M. December 13 (date) 13 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ Name of Deceased _____ Relationship _____ Date of Death _____

(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave Event Date _____ Supervisor Remarks _____ Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ Do you wish to supplement? Yes No

Other (Explain) _____ Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No Total Hours Requested 80

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information


Signature of Employee

Administrative Action

Recommended Not Recommended

Approved Disapproved

Supervisor Signature Judith A. Chum Date 11/21/13

Appointing Authority Signature _____ Date _____

Remarks _____

Remarks _____

State of Ohio
Request For Leave

BACK

Name	(Last) <u>BETSY</u>	(First) <u>HOUCHEN</u>	(Middle Initial)	Date <u>3/3/14</u>
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Employing Unit _____

I request leave

Beginning A. M. P. M. March 24 14, and
(time) (date) (year)

Ending A. M. P. M. April 4 14, for the following reason:
(time) (date) (year)

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ | Name of Deceased _____ | Relationship _____ | Date of Death _____

(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave | Event Date _____ | **Supervisor Remarks** | Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ | Do you wish to supplement? Yes No

<input type="checkbox"/> Other (Explain) _____	Is this an absence due to a condition for which an FMLA Certification form is on file?? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Hours Requested <u>80</u>
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I have insufficient sick leave for the above request. I request the following in lieu of sick leave:

Vacation Personal

Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information


Signature of Employee

Administrative Action

<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved
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Supervisor Signature Judith A. Chum Date 3/21/14

Appointing Authority Signature _____ Date _____

Remarks _____

Remarks _____

State of Ohio
Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 7/2/14

Employing Unit _____

I request leave
Beginning (time) _____ A. M. P. M. August 11 (date) 14 (year), and
Ending (time) _____ A. M. P. M. August 22 (date) 14 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ Name of Deceased _____ Relationship _____ Date of Death _____

(Attach copy of subpoena or summons)
 Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)
 Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave Event Date _____ Do you wish to supplement? Yes No
Supervisor Remarks

Pending Disability Pending Workers' Compensation Do you wish to supplement? Yes No

Other (Explain) _____ Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No Total Hours Requested 80

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:
 Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information

Signature of Employee

Administrative Action

Recommended Not Recommended Approved Disapproved

Supervisor Signature Judith A. Chase Date 7/24/14 Appointing Authority Signature _____ Date _____

Remarks _____ Remarks _____

State of Ohio
Request For Leave

BACK

Name (Last) BETSY (First) HOUCHEN (Middle Initial) _____ Date 11/13/14

Employing Unit _____

I request leave
Beginning (time) _____ A. M. P. M. December 1 (date) 14 (year), and
Ending (time) _____ A. M. P. M. December 12 (date) 14 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

Vacation # of Hours 80 Personal # of Hours _____ Compensatory # of Hours _____

Leave Without Pay (Explain) _____

Bereavement # of Hours _____ Name of Deceased _____ Relationship _____ Date of Death _____
(Attach copy of subpoena or summons)

Jury Duty _____ Witness Duty _____

(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)

Military With Pay _____ Military Without Pay _____

Adoption / Childbirth Leave _____ Event Date _____ **Supervisor Remarks** _____ Do you wish to supplement? Yes No

Pending Disability _____ Pending Workers' Compensation _____ Do you wish to supplement? Yes No

Other (Explain) _____ Is this an absence due to a condition for which an FMLA Certification form is on file?? Yes No **Total Hours Requested** 80

I have insufficient sick leave for the above request. I request the following in lieu of sick leave:
 Vacation Personal
 Compensatory Leave Without Pay

I certify that this request for leave form contains true and complete information

Signature of Employee

Administrative Action

Recommended Not Recommended Approved Disapproved

Supervisor Signature Judith A. Churs Date 11-20-14 Appointing Authority Signature _____ Date _____

Remarks _____ Remarks _____