

2007-2008
OHIO CIVIL SERVICE &
COLLECTIVE BARGAINING
LAWS & RULES
ANNOTATED

Edited by
Jonathan J. Downes, Esq.
of the law firm of Downes, Hurst & Fishel

Ohio Revised Code complete to February 1, 2007
Ohio Administrative Code complete to November 30, 2006



124.134 Vacation leave for employees exempt from collective bargaining law (later effective date)

Note: See also preceding version of this section, in effect until 7-1-07.

(A) Each full-time permanent state employee paid in accordance with section 124.152 of the Revised Code and those employees listed in divisions (B)(2) and (4) of section 124.14 of the Revised Code, after service of one year, shall have earned and will be due upon the attainment of the first year of employment, and annually thereafter, eighty hours of vacation leave with full pay. One year of service shall be computed on the basis of twenty-six biweekly pay periods. A full-time permanent state employee with five or more years of service shall have earned and is entitled to one hundred twenty hours of vacation leave with full pay. A full-time permanent state employee with ten or more years of service shall have earned and is entitled to one hundred sixty hours of vacation leave with full pay. A full-time permanent state employee with fifteen or more years of service shall have earned and is entitled to one hundred eighty hours of vacation leave with full pay. A full-time permanent state employee with twenty or more years of service shall have earned and is entitled to two hundred hours of vacation leave with full pay. A full-time permanent state employee with twenty-five or more years of service shall have earned and is entitled to two hundred forty hours of vacation leave with full pay. Such vacation leave shall accrue to the employee at the rate of three and one-tenth hours each biweekly period for those entitled to eighty hours per year; four and six-tenths hours each biweekly period for those entitled to one hundred twenty hours per year; six and two-tenths hours each biweekly period for those entitled to one hundred sixty hours per year; six and nine-tenths hours each biweekly period for those entitled to one hundred eighty hours per year; seven and seven-tenths hours each biweekly period for those entitled to two hundred hours per year; and nine and two-tenths hours each biweekly period for those entitled to two hundred forty hours per year.

The amount of an employee's service shall be determined in accordance with the standard specified in section 9.44 of the Revised Code. Credit for prior service, including an increased vacation accrual rate and longevity supplement, shall take effect during the first pay period that begins immediately following the date the director of administrative services approves granting credit for that prior service. No employee, other than an employee who submits proof of prior service within ninety days after the date of the employee's hiring, shall receive any amount of vacation leave for the period prior to the date of the director's approval of the grant of credit for prior service.

Part-time permanent employees who are paid in accordance with section 124.152 of the Revised Code and full-time permanent employees subject to this section who are in active pay status for less than eighty hours in a pay period shall earn vacation leave on a prorated basis. The ratio between the hours worked and the vacation hours earned by these classes of employees shall

be the same as the ratio between the hours worked and the vacation hours earned by a full-time permanent employee with the same amount of service as provided for in this section.

Vacation leave is not available for use until it appears on the employee's earning statement and the compensation described in the earning statement is available to the employee.

(B) Employees granted leave under this section shall forfeit their right to take or to be paid for any vacation leave to their credit which is in excess of the accrual for three years. Any excess leave shall be eliminated from the employees' leave balance. If an employee's vacation leave credit is at, or will reach in the immediately following pay period, the maximum of the accrual for three years and the employee has been denied the use of vacation leave during the immediately preceding twelve months, the employee, at the employee's request, shall be paid in a pay period for the vacation leave the employee was denied, up to the maximum amount the employee would be entitled to be paid for in any pay period. An employee is not entitled to receive payment for vacation leave denied in any pay period in which the employee's vacation leave credit is not at, or will not reach in the immediately following pay period, the maximum of accrual for three years. Any vacation leave for which an employee receives payment shall be deducted from the employee's vacation leave balance. Payment shall not be made for any leave accrued in the same calendar year in which the payment is made.

(C) Upon separation from state service, an employee granted leave under this section is entitled to compensation at the employee's current rate of pay for all unused vacation leave accrued under this section or section 124.13 of the Revised Code to the employee's credit. In case of transfer of an employee from one state agency to another, the employee shall retain the accrued and unused vacation leave. In case of the death of an employee, the unused vacation leave shall be paid in accordance with section 2113.04 of the Revised Code, or to the employee's estate. An employee serving in a temporary work level who is eligible to receive compensation under this division shall be compensated at the base rate of pay of the employee's normal classification.

(2006 H 187, eff. 7-1-07; 2006 H 530, eff. 6-30-06; 1998 S 144, eff. 3-30-99; 1995 S 99, eff. 10-25-95; 1993 H 152, eff. 7-1-93; 1987 H 178)

Note: See also preceding version of this section, in effect until 7-1-07.

Uncodified Law

2006 H 187, § 5: See Uncodified Law under RC 124.01.

Ohio Administrative Code References

Charge of sick leave, vacation leave, and personal leave and compensation for sick leave, OAC 123:1-32-01

Library References

States ⇨60.2.

Westlaw Topic No. 360.

C.J.S. States § 104-108.

Research References

Encyclopedias

OH Jur. 3d Cvl. Servants & Pub. Officers & Employ. § 195, Particular Statutory Allowances of Leaves of Absence.

Notes of Decisions

Accrued and unused vacation 1

1. Accrued and unused vacation

Vacation leave, as granted by statute governing such leave for full-time permanent state employees exempt from collective bargaining, accrued at

specified periodic rates and became vested after employee worked the requisite number of hours to earn it and, therefore, prospective deduction of vacation leave, as a disciplinary sanction, before it accrued did not affect employee's vested right. *Harden v. Ohio Atty. Gen.* (Ohio, 02-11-2004) 101 Ohio St.3d 137, 802 N.E.2d 1112, 2004-Ohio-382. States ⇨ 60.2

Although state employee arguably waived any issue regarding vacation time earned subsequent to a disciplinary order, by only raising claim regarding the vacation time he had already earned, Supreme Court would review employee's claim regarding future vacation leave, where Court of Appeals broadened issue presented for review and held that although vacation time already earned could not be reduced, subsequent accrual of vacation time could be reduced, and Attorney General did not challenge the appellate court's decision disallowing deduction of accrued vacation time. *Harden v. Ohio Atty. Gen.* (Ohio, 02-11-2004) 101 Ohio St.3d 137, 802 N.E.2d 1112, 2004-Ohio-382. States ⇨ 60.2

State employee was not entitled, in his mandamus action to compel his former state agency employer to credit him for prior service, to monetary sum for his accrued, unused vacation leave, but instead was properly awarded only vacation credit, as employee waived issue by not claiming entitlement to monetary sum in Court of Appeals, employee produced evidence that he would have elected to cash out his vacation credit upon transferring, and employee did not establish monetary amount of vacation credit with certainty. *State ex rel. Reyna v. Natalucci-Perisich* (Ohio, 09-23-1998) 83 Ohio St.3d 194, 699 N.E.2d 76, 1998-Ohio-1019. States ⇨ 64(2)

State Personnel Board of Review could not strip state employee of previously accrued vacation pay as a means of discipline, although vacation pay could be reduced as it was accrued in the future. *Harden v. Ohio Atty. Gen., Bur. of Crim. Identification & Investigation* (Ohio App. 10 Dist., 08-13-2002) 149 Ohio App.3d 10, 775 N.E.2d 570, 2002-Ohio-429; appeal allowed 98 Ohio St.3d 1421, 782 N.E.2d 76, 2003-Ohio-259, affirmed 101 Ohio St.3d 137, 802 N.E.2d 1112, 2004-Ohio-382. Officers And Public Employees ⇨ 101.5(1)

124.135 Miscellaneous paid and discretionary leave for employees

(A) State employees are entitled to paid leave when summoned for jury duty by a court of competent jurisdiction.

(B) State employees are entitled to paid leave when subpoenaed to appear before any court, commission, board, or other legally constituted body authorized by law to compel the attendance of witnesses. This division does not apply if the state employee is a party to the action or proceeding involved or is subpoenaed as a result of secondary employment outside the service of the state.

(C) Each full-time permanent state employee paid in accordance with section 124.152 of the Revised Code and those employees described in divisions (B)(2) and (4) of section 124.14 of the Revised Code also may be entitled, in their appointing authority's discretion, to paid leave when appointed to serve on advisory boards or commissions or when soliciting for charities for which payroll deductions are made.

(2006 H 530, eff. 6-30-06; 1994 H 715, eff. 7-22-94)

Ohio Administrative Code References

Civic duty leave, OAC 123:1-34-03

Library References

States ⇨60.2.

Westlaw Topic No. 360.

C.J.S. States § 104-108.

124.136 Parental leave

(A)(1) Each permanent full-time and permanent part-time employee paid in accordance with section 124.152 of the Revised Code and each employee listed in division (B)(2) or (4) of section 124.14 of the Revised Code who works thirty or more hours per week, and who meets the requirement of division (A)(2) of this



Ohio Board of Nursing

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Board Governance Functions

Board Member Policy B-04

Last review: January 2015

Representing the Board and Speaking Engagements

1. At all times while a member of the Board, a Board member must not use his or her public position to obtain personal benefits (see Board Policy, Standards of Ethical Conduct). This may include using one's title as a Board member to achieve goals and/or influence public policy on matters the Board as a whole has not publicly discussed or voted upon.
2. Although a Board member is a member of the public, because the individual is also a Board member, their actions are perceived as representing the Board. If a Board member is commenting on legislation or administrative rules as a member of the public, the Board member is to contact the Board President or Executive Director prior to initiating the action.
3. If the media, licensees or certificate holders, education or training programs, or others regulated by the Board contact Board members with questions regarding investigations, survey visits, discipline, etc., Board members are to refer the individuals to the Executive Director. If individuals who represent licensees or certificate holders, education or training programs, or others regulated by the Board contact Board members about Board matters related to those they represent, Board members are to refer the individuals to the Executive Director.
4. If a Board member is contacted by licensees, certificate holders, or interested parties who are seeking opinions or asking questions regarding the Nurse Practice Act, administrative rules, positions of the Board, or other related Board matters, the Board member is to contact the Executive Director or a Program Manager, and/or refer the individual(s) to the Executive Director or a Program Manager.
5. Organizations may ask Board members to speak at meetings or seminars. If the Board member decides to accept the request, the Board member is to inform the Board President or Executive Director of the request.
 - a. Compensation or reimbursement from the Board for the Board member will be determined by the President in consultation with the Executive Director according to the Board Member Compensation and Reimbursement Policy.
 - b. The requesting organization is responsible for obtaining needed information from the Board member and for obtaining continuing education contact hours, if applicable, through an OBN Approver.

- c. In accordance with Ohio Ethics Law, Board members shall not accept honorariums or reimbursement of expenses from entities other than the Board for speaking. (See Board Policy, Standards of Ethical Conduct.)
- d. Board staff is available to assist the Board member, as requested through the Board President or Executive Director, in preparation of presentations and related materials.

Board Hospitality Donations and Special Collections

1. The Board establishes a hospitality fund for purposes of the November dinner, contributions or gifts, as specified below, and breakfast food prior to Board meetings. The fund consists of Board member contributions and no state monies are included in the Board fund. Each member of the Board contributes, as needed, to the Board fund. The Board, upon approval of the President, may also take up special collections, as needed.
 - a. A gift in the event of serious illness/surgery of a member of the Board or staff (up to \$40)
 - b. A memorial contribution and/or flowers (as specified up to \$50 plus the cost of shipping), in the event of the death of a member of the Board, staff, or their immediate family
 - c. A contribution to a specified charity when appropriate
 - d. A gift to each Board member upon completion of the term of appointment
 - e. Other gifts or contributions as the Board deems appropriate
2. The Board selects a Board member as the hospitality chair and all requests for expenditures from the Board fund are given to the hospitality chair.
3. The Board Operations Manager maintains the Board fund and provides an accounting to the Board as requested. The hospitality chair is responsible for reviewing the records of the Board fund.

Delegates for NCSBN Delegate Assembly

Each year the Board may designate two delegates and alternate delegates to represent the Board at the National Council of State Boards of Nursing (NCSBN) Annual Meeting and Delegate Assembly. The two delegates are usually the Board President and Executive Director. The two alternates are usually a Board member and a staff member.

Board Member Governance

At each Board meeting, the Board members evaluate the public portion of the Board meeting and processes.

Strategic Planning

Annually, the Board members develop or revise a Strategic Plan at the Board Retreat. Board staff provides a report showing the status of the Strategic Plan during the year at Board meetings.

Approval of Work Time for the Executive Director

1. The Board President serves as the Executive Director's supervisor for the purposes of accounting for the Executive Director's time, e.g., requests for leave, requests to work overtime, and the approval of the Executive Director's bi-weekly timesheets. The Board President reviews the information provided by the Executive Director and approves or disapproves the request.
2. The Executive Director reports all hours to the Board President for review and approval. The Executive Director completes the standard forms for the accounting of time worked or leave taken in accordance with state and staff policies and submits the forms to the Board President. The Executive Director submits a timesheet summarizing the daily hours worked or leave taken, with the relevant forms, to the Board President at the end of each pay period.

Evaluation and Re-Appointment of the Executive Director

1. A newly appointed Executive Director serves an initial six-month probationary period. The Board evaluates the Executive Director's performance during this period to determine eligibility for advancement to the next step of the assigned pay range and continued employment. The Executive Director is evaluated annually thereafter.
2. The Executive Director completes a self-evaluation to provide to the Board at the September meeting. A blank evaluation form is also provided to Board members for them to complete an evaluation of the Executive Director and submit to the President at a date determined by the Board President. The Board President, or designee compiles the results of the evaluations and presents the report to the Board and the Executive Director in November. Discussions about the Executive Director's performance and evaluation are held in executive session, in accordance with Section 121.22(G)(1), ORC. The decision regarding reappointment of the Executive Director is made in executive session at the November Board meeting with formal action taken during open session.

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 12, and
(date) (year)

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

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

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

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 _____

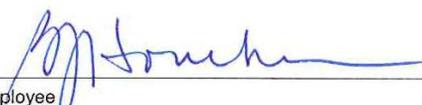
(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)
 Military With Pay _____ Military Without Pay _____

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

<input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Disapproved
Supervisor Signature <u>Judith A. Chum</u> Date <u>11/21/13</u>	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	Name (First) HOUCHEN	Name (Middle Initial)	Date 11/13/14
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Employing Unit _____

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

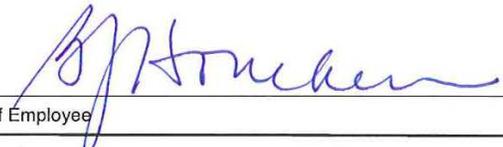
Military With Pay _____ Military Without Pay _____

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

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. Churn 11-20-14 Date _____ | Appointing Authority Signature _____ Date _____

Remarks _____ | Remarks _____

VACRF *ae*
entered for 7/29-8/9

State of Ohio
Request For Leave

Name (Last) Emrich (First) Lisa (Middle Initial) G. Date 7/17/13
Employing Unit _____

I request leave Beginning 8⁰⁰ (time) A.M. P.M. 7/17/13 (date), 2013 (year), and
Ending 5⁰⁰ (time) A.M. P.M. 7/26/13 (date), 2013 (year), for the following reason:

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain) _____

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

Leave Without Pay (Explain) _____

Bereavement 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

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

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

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.

Lisa G. Emrich
Signature of Employee

Administrative Action

Recommended Not Recommended
Supervisor Signature _____ Date 7-17-13

Approved Disapproved
Appointing Authority Signature _____ Date 7-17-13

Remarks _____

Remarks _____

Exhibit 4

Page 2 of 3

State of Ohio

Request For Leave

Name (Last)	(First)	(Middle Initial)	Date
Emrich	Lisa	G	5/28/14
Employing Unit Nursing Board			
I request leave			
Beginning (time)	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	June 2	2014
Ending (time)	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	June 13	2014

for the following reason:

Mark Appropriate Boxes Below:

<input type="checkbox"/> Sick Leave # of Hours _____ (Explain)			
<input checked="" type="checkbox"/> Vacation # of Hours 80	<input type="checkbox"/> Personal # of Hours _____	<input type="checkbox"/> Compensatory # of Hours _____	
<input type="checkbox"/> Leave Without Pay (Explain)			
<input type="checkbox"/> Bereavement	Name of Deceased	Relationship	Date of death
(Attach copy of subpoena or summons)			
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> Witness Duty		
(Attach copy of orders, or other appropriate documentation, that supports request for Military leave)			
<input type="checkbox"/> Military With Pay	<input type="checkbox"/> Military Without Pay		
<input type="checkbox"/> Adoption / Childbirth Leave	Event Date	Do you wish to supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Pending Disability	<input type="checkbox"/> Pending Workers' Compensation	Do you wish to supplement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other (Explain)	Is this 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	

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

<input type="checkbox"/> Vacation	<input type="checkbox"/> Personal
<input type="checkbox"/> Compensatory	<input type="checkbox"/> Leave Without Pay

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

Lisa Emrich
Signature of Employee

Administrative Action

<input type="checkbox"/> Recommended	<input checked="" type="checkbox"/> Not Recommended	<input type="checkbox"/> Approved	<input checked="" type="checkbox"/> Disapproved
Supervisor Signature	Date	Appointing Authority Signature	Date
Remarks <i>[Signature]</i>		Remarks	

State of Ohio
Request For Leave

Name (Last) **Emrich** (First) **Lisa** (Middle Initial) **G** Date **12/29/2014**

Employing Unit **Nursing Board**

I request leave
Beginning 0800 A.M. P.M. January 26, 2015, and
(time) (date) (year)
Ending 17:00 A.M. P.M. February 6, 2015, for the following reason:
(time) (date) (year)

Mark Appropriate Boxes Below:

Sick Leave # of Hours _____ (Explain)
 Vacation # of Hours 80.0 Personal # of Hours _____ Compensatory # of Hours _____
 Leave Without Pay (Explain)
 Bereavement 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

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

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

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.

Lisa J Emrich
Signature of Employee

Administrative Action

Recommended Not Recommended

Approved Disapproved

Supervisor Signature *[Signature]* Date 12-29-14

Appointing Authority Signature *[Signature]* Date 12-29-14

Remarks _____

Remarks _____

REPAYMENT AGREEMENT

Betsy J. Houchen received payment for Vacation Hours Refused as follows:

Fiscal Year	Pay Period Ending	Hours Received	Overpaid Hours
2012	9/10/2011	80	
	12/31/2011	72	72
	4/21/2012	80	80
2013	8/25/2012	80	
	12/29/2012	72	72
	4/6/2013	80	80
2014	8/10/2013	80	
	12/14/2013	80	80
	4/5/2014	80	80
2015	8/23/2014	80	
	11/30/2014	80	80
Total Overpaid Hours:			544

I, Betsy J. Houchen, understand that I was overpaid for 544 hours of Vacation Refused, based on Section 123.134(C), ORC. In order to repay the amount overpaid to me, I agree that 544 hours shall be deducted from my Vacation Leave balance.

Betsy J. Houchen
Betsy J. Houchen

4-23-15
Date

Kath A. Hogan
OBV HR officer

4/23/15

REPAYMENT AGREEMENT

Lisa Emrich received payment for Vacation Hours Refused as follows:

Fiscal Year	Pay Period Ending	Hours Received	Overpaid Hours
2012	8/27/2011	80	
	6/16/2012	80	80
2014	8/10/2013	80	
	6/14/2014	80	80
2015	2/7/2015	80	
		Total Overpaid Hours:	160

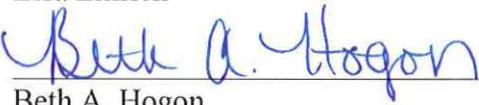
I, Lisa Emrich, understand that I was overpaid for 160 hours of Vacation Refused, based on Section 123.134(C), ORC. In order to repay the amount overpaid to me, I agree that 160 hours shall be deducted from my Vacation Leave balance.



 Lisa Emrich

5/7/2015

 Date



 Beth A. Hogon

5/7/2015

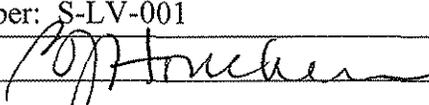
 Date



Ohio Board of Nursing

www.nursing.ohio.gov

17 South High Street, Suite 400 • Columbus, Ohio 43215-7410 • (614) 466-3947

Subject: Leave Usage for Board Staff	Page 1 of 5
Policy Number: S-LV-001	
Approved: 	Effective Date: May 18, 2015

Authority: This policy is issued in compliance with Ohio Revised Code 4723.05 that authorizes the Executive Director of the Ohio Board of Nursing (OBN) to establish standards for the conduct of employees and to act as the chief administrative officer of the Board.

Purpose: The purpose of this policy is to establish uniform guidelines for the requesting and granting of requests for leave.

Applicability: All OBN employees.

Definitions: None.

Policy: The policy of the Board of Nursing is to grant leave requests in accordance with applicable collective bargaining unit agreements and state law.

Procedures:

1. All requests for any type of leave shall be submitted through the OAKS Time and Labor Module and be approved by the employee's immediate supervisor or designee.
2. Each employee is responsible for keeping track of his/her own leave balances. An employee should verify the availability of his/her leave balances prior to submitting a request for leave. Submitting a request for leave when sufficient leave balances do not exist may result in the employee being disciplined for violation of the Standards of Employee Conduct (S-HR-001).
3. Call Off – When an employee is unable to report for work, he/she must notify the Board by calling the Board's Call-Off Line at 614-644-3988 no later than one-half (1/2) hour after starting time, unless circumstances preclude this notification. An employee is also encouraged to call his/her immediate supervisor with the information.
4. Personal Leave
 - a. Personal leave shall be granted in accordance with applicable collective bargaining agreements and the administrative rules of the Department of Administrative Services (DAS) in effect at the time the leave is requested.
 - b. OCSEA/AFSCME Local 11 – Personal leave shall be granted if an employee makes the request with forty-eight (48) hours advance notice. In an emergency, the request

shall be made as soon as possible and the supervisor shall respond promptly. The leave shall not be unreasonably denied. Documentation of the emergency shall be submitted to the employee's supervisor. The Executive Director will review the documentation submitted and will decide whether to grant or deny the requested emergency personal leave.

- c. SEIU/District 1199 – Employees shall be granted personal leave upon giving twenty-four (24) hours advance notice to the supervisor. In emergency situations, requests may be granted with a shorter notice. Requests for the use of personal leave shall not be unreasonably denied. Documentation of the emergency shall be submitted to the employee's supervisor. The Executive Director will review the documentation submitted and will decide whether to grant or deny the requested emergency personal leave.
- d. Bargaining Unit Exempt Employees – Employees must give reasonable notice to the supervisor prior to the use of personal leave. In emergency situations, requests may be granted for leave submitted after-the-fact. Requests for the use of emergency personal leave will not be unreasonably denied. Documentation of the emergency shall be submitted to the employee's supervisor. The Executive Director will review the documentation submitted and will decide whether to grant or deny the requested emergency personal leave.
- e. All employees:
 - i. Personal leave that is used by an employee shall be charged in minimum units of one/tenth (1/10) hour.
 - ii. Newly accrued personal leave is not available for use until it appears on the employee's earning statement and on the date funds are made available.

5. Vacation

- a. Vacation shall be granted in accordance with applicable collective bargaining agreements and the administrative rules of the Department of Administrative Services (DAS) in effect at the time the leave is requested.
- b. Vacation leave shall be taken only at times mutually agreed to by the supervisor and the employee.
- c. Vacation leave that is used by an employee shall be charged in minimum units of one/tenth (1/10) hour.
- d. Newly accrued vacation leave is not available for use until it appears on the employee's earning statement and on the date funds are made available.

- e. Requests for planned vacations should be submitted as soon as reasonably possible and will be granted on a first-come-first-served basis. Other vacation leave requests must be submitted at least twenty-four hours prior to the scheduled leave. Same-day requests for vacation leave may be considered at the Board's discretion. A supervisor considering a same-day request for vacation will consider the operational needs of the employee's unit to determine whether the request may be granted.
- f. In emergency situations, requests for vacation may be granted with less than twenty-four (24) hour advance notice or after-the fact. These requests shall not be unreasonably denied. Documentation of the emergency shall be submitted to the employee's supervisor. The Executive Director will review the documentation submitted and will decide whether to grant or deny the requested emergency personal leave.
- g. An employee who is tardy may request vacation leave to account for the time he/she was late to work or may be permitted to make up the time at the end of the day. The request for leave may be granted for pay purposes only. No matter the method used to account for the time, the employee may still be subject to discipline for violation of the Standards of Employee Conduct (S-HR-001).
- h. In accordance with Section 123.134(D), ORC, employees shall forfeit their right to take or to be paid for any vacation leave to their credit that is in excess of the accrual for three (3) years. (See Section 124.13(D), defining "year.") Any excess leave shall be eliminated from the employee's leave balance.
- i. Bargaining unit exempt employees may be paid for up to eighty (80) hours of vacation leave each fiscal year if the employee requested and was denied the use of vacation leave during the fiscal year. No employee shall receive payment for more than eighty (80) hours of denied vacation leave in a single fiscal year according to Section 123.134(C), ORC. An employee is only eligible to receive payment for vacation leave when the employee's vacation leave credit is at, or will reach in the immediately following pay period, the maximum of the accrual for three (3) years and the employee has been denied the use of vacation leave. An employee is not entitled to receive payment for vacation leave denied in any pay period in which the employee's vacation leave credit is not at, or will not reach in the immediately following pay period, the maximum of accrual for three (3) years. Any vacation leave for which an employee receives payment shall be deducted from the employee's vacation leave balance.

Denied vacation may only be paid out upon the approval of the Executive Director or the President of the Board of Nursing. Documentation of the denied vacation and approval to pay out the denied vacation must be attached to the employee's time sheet.

- j. Bargaining unit employees may be paid for denied vacation if permitted by and in accordance with the applicable collective bargaining agreement.

6. Sick Leave

- a. Sick leave may be used in accordance with applicable collective bargaining agreements and the administrative rules of DAS in effect at the time the leave is requested.
- b. Sick leave may be granted to an employee who is unable to report to work because of illness or injury of the employee or a member of the employee's immediate family, or because of medical appointments or other ongoing treatment.
- c. The Board shall not unreasonably deny a request for sick leave.
- d. After an employee has used all accrued sick leave, the employee may request to use accrued vacation, compensatory time or personal leave, or leave without pay. All such requests require the approval of the Executive Director. If the request to use another form of leave in lieu of sick leave is denied, and the employee does not have sufficient sick leave to cover the absence, the employee may be subject to discipline for violation of the Standards of Employee Conduct (S-HR-001).
- e. The amount of sick leave charged against an employee's accrual shall be the amount used, charged in minimum units of one-tenth (1/10) hour.
- f. Newly accrued sick leave is not available for use until it appears on the employee's earnings statement and on the date the funds are made available.
- g. Requests for sick leave must be submitted to the employee's supervisor the day the employee returns to work.
- h. The Board shall follow the requirements of the Family Medical Leave Act (FMLA) S-LV-002, when an eligible employee's leave qualifies for FMLA coverage.

7. Compensatory Time

- a. Requests for compensatory time off shall be granted in accordance with applicable collective bargaining agreements, the administrative rules of DAS, and federal law in effect at the time the leave is requested.
- b. Overtime eligible employees
 - i. Requests for compensatory time off shall be made at least twenty-four (24) hours prior to the requested leave.
 - ii. Requests for compensatory time off will be granted unless the request would unduly disrupt the operations of the OBN.

Subject: Leave Usage for Board Staff	Page 5 of 5
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- iii. If the request for compensatory time off is denied, the compensatory time shall be paid to the employee, upon the employee's request, up to a maximum of eighty (80) hours in any pay period.
 - iv. Compensatory time is not available for use until it appears on the employee's earning statement and on the date the funds are made available.
- c. Overtime exempt employees
- i. Compensatory time shall be taken only at times mutually agreed to by the OBN and the employee.
 - ii. Compensatory time is not available for use until it appears on the employee's earning statement and on the date the funds are made available.
8. Unapproved Leave
- a. All unapproved leave shall be taken without pay rounded up to the nearest one-tenth (1/10) hour.
 - b. Being absent without leave may subject the employee to corrective and progressive disciplinary action in accordance with the Standards of Employee Conduct (S-HR-001).
9. Supervisors will respond promptly to requests for leave. If a prompt response cannot be provided, the supervisor will acknowledge the request and provide a reason for the delay in responding to the request for leave.

Forms: None.