



Name:	_____
Dept:	_____
Emplid:	_____

THE UNIVERSITY OF AKRON  
REQUEST/CERTIFICATION OF LEAVE

*For all full- and part-time employees: faculty, contract professionals, and biweekly (exempt) staff (OAC 3359-11-01). Submit this form for any absence from campus; i.e., illnesses, medical appointments, professional meetings, educational classes, or other absences during regularly scheduled work times. To utilize the*