Print Form

Parental Leave

Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

Employee Name:	
Employee UID:	
Manager Name:	
Department:	

Wright State University Boonshoft School of Medicine
Attention: Business Office
3640 Colonel Glenn Highway
Dayton, Ohio 45435-0001

Phone: 937-245-7643
Fax: 937-245-7956
www.med.wright.edu

Leave Type	Start Date	End Date	Days
		Total	

Comments:

Signature:

Authorized By:

Faculty and Clinical Affairs: