



**Department of Athletics**  
**Andy Geiger**  
*Director of Athletics*

Room 224, St. John Arena  
410 Woody Hayes Drive  
Columbus, OH  
43210-1166

Telephone (614) 292-7572  
Teletax (614) 292-0506

**PRIVILEGED AND CONFIDENTIAL**

November 7, 1994

Paul Krebs  
Department of Athletics  
St. John Arena  
410 Woody Hayes Drive  
CAMPUS

Dear Paul:

I have investigated the concerns raised by the fencing coach, Charlotte Remenyik, concerning her athletes and the medical care system.

I have spoken with her and her concerns are based on rumors which have been generated for 10 years with no foundation. However, due to the pervasive nature of these rumors, the male athletes do not feel comfortable with Dr. Strauss as their physician.

I have spoken with Dr. Strauss concerning this issue. He is aware of the unfounded rumors which began 10 years ago among the fencers and has never been informed as to any problems concerning the rumors. In view of the present situation, Dr. Strauss has suggested that another physician, in this case Dr. Trent Sickles, assume the primary role as physician for the fencers. I have spoken with Dr. Sickles and he is agreeable to this.

In my discussions with both Dr. Strauss and Coach Remenyik, there has been no information given which would necessitate further investigation of this situation.

If you have any questions concerning this, please contact me.

Sincerely,

John A. Lombardo, M.D.  
Director of Sports Medicine



Paul,

It would probably be a good idea if you shared this with Charlotte and Dick or if you would like, I can send a copy to them. Thanks.

John

---

2050 Kenny Road, Columbus, Ohio 43221  
(614) 293-3600

from the desk of **Paul Krebs**

→ Richard Strauss

fencing incident

Charlotte came to see Paul & said her athlete refused to see him, but she won't have anything but her athletes kind of locker room talk etc.

→ No other complaints that Paul has ever heard of.

→ Just rumours about his examination techniques on male athletes being more extensive than necessary.

→ wrestling, gymnastics, swimming  
(Locking Hall sports)



Office of the Vice President  
for Student Affairs

Suite 115  
33 West 11th Avenue  
Columbus, OH 43201-2013  
Phone 614-292-9334  
FAX 614-292-2954

August 5, 1996

Dr. Richard H. Strauss  
1501 Doone Road  
Columbus, OH 43221

Dear Dr. Strauss:

In January 1996 you were placed on administrative leave as a result of a complaint filed by a patient who had been examined by you. In March you were notified that the Office of Student Affairs was considering nonrenewal of your 20% position with Student Health Services. This was based on a total of three complaints by students in a period of 13 months. On June 5 you and your counsel met with me and Helen Ninos, Associate General Counsel for Human Resources, for approximately two hours while you relayed to me your position on these complaints. At that time you also provided extensive written materials for my review.

I have considered all of the information you have provided and have received information from Judy Brady, Dr. Miller and Dr. Grace. Based upon the information received during this entire process, your appointment with Student Health Services will not be renewed. This action is effective immediately. As discussed previously, your faculty appointment in the School of Public Health will continue, and should you have any questions concerning that position you should contact Dr. Ronald St. Pierre. I regret having to make this decision but based on the information provided, believe that the nonrenewal of your appointment in the Student Health Services is in the best interest of all concerned.

Sincerely,

David Williams, II  
Vice President for Student Affairs  
and Professor of Law

DW/jep

c: Timothy Nagy

bc: Mary A. Daniels; Ted W. Grace; Andy Geiger; Helen M. Ninos; John A. Lombardo;  
Ronald L. St. Pierre; Linda Tom; Virginia M. Tretheway; Manuel Tzagournis



# Transmittal

Date 3/13/46  
From Helen Ninos  
To Susan Henderson

For:

- |  |  |
|--|--|
| <input type="checkbox"/> Direct reply    | <input checked="" type="checkbox"/> Your information |
| <input type="checkbox"/> Suggested reply | <input type="checkbox"/> Return                      |
| <input type="checkbox"/> Approval        | <input type="checkbox"/> Appropriate disposition     |
| <input type="checkbox"/> Signature       | <input type="checkbox"/> Response to your request    |
| <input type="checkbox"/> Comments        | <input type="checkbox"/>                             |

Remarks \_\_\_\_\_

*→ ANDY  
FYE  
Please  
Return to  
me  
S*



**Office of Human Resources  
Employee Relations**

Fourth Floor, Archer House  
2130 Neil Avenue  
Columbus, OH 43210-1156

Phone 614-292-2800  
FAX 614-292-0549

March 13, 1996

Timothy P. Nagy  
Taft, Stettinius & Hollister  
Twelfth Floor  
21 East State Street  
Columbus, Ohio 43215-4221

Re: Dr. Richard Strauss

Dear Mr. Nagy:

This letter is a response to your letters to [REDACTED] and Dr. Richard Sisson on behalf of your client, Dr. Richard Strauss. I am concerned that the certified letter to [REDACTED] a young student, uses the implied threat of legal action against [REDACTED] and others at the University to ask that [REDACTED] and his parents "reconsider" his version of the exam of January 5. I also note that, despite the fact that I have been working with you to resolve this matter, you chose to directly contact [REDACTED] and my client, Dr. Sisson without prior notification to me. I caution you that you should have no further direct contact with any administrator at the University without going through University counsel.

Furthermore, the letters to [REDACTED] and to Dr. Sisson contain misrepresentations, inaccurate statements of fact as well as revelations of medical information a patient shared with a physician. If your client has told you that Dr. Grace has refused to discuss [REDACTED] complaint with him, this is untrue. Dr. Grace has had no fewer than three conversations with Dr. Strauss concerning this complaint.

Dr. Grace never instructed Dr. Strauss to create a false medical record as alleged in your letters to Dr. Sisson and [REDACTED]. It goes without saying that the contents of medical records are the responsibility of the physician preparing them. Dr. Strauss is responsible for his own medical records and the contents thereof.

Your sweeping statements that the University has "violated its own policies and procedures in connection with the suspension, without hearing, of Dr. Strauss' clinical

privileges" is without substance. No action has been taken against Dr. Strauss. He has been placed on administrative leave while these matters have been examined. He has suffered no loss of pay and continues to be an employee of Student Health. Dr. Strauss has a 20% appointment with Student Affairs as a physician in the Student Health Services. This is not a clinical appointment associated with his tenured faculty position. Dr. Strauss is paid as an employee on an annual appointment with Student Affairs and both he and the University can end the appointment with no impact on his faculty appointment.

Your request for an investigation in this matter goes beyond any process provided to any employee, faculty or otherwise, in the rules of this University. The Student Health Center has had three complaints involving Dr. Strauss. Bear in mind that this is a physician who only works 8 hours a week in the clinic. The University has also experienced similar complaints from another area of Student Affairs. Dr. Strauss will be given the opportunity to explain to an administrator from Student Affairs why four complaints do not warrant non-renewal of the appointment. The University is not obliged to employ a physician for whom there are multiple complaints of a similar nature from patients.

I have enclosed a notice to your client of a meeting where he will be given the opportunity to be heard on this issue. This is not being sent directly to Dr. Strauss as per your request. I remind you that this is an opportunity for Dr. Strauss to relate his position on these complaints. This is not an adversarial hearing. You are welcome to attend the meeting and it is anticipated that you will respect the parameters of the meeting.

Finally, I question the disregard of [REDACTED] privacy in revealing a preliminary diagnosis to the Provost. To include such information in a letter to an administrator of a public institution, subject to the Public Records Law in Ohio, is misuse of the information Dr. Strauss obtained in the course of this patient's medical examination.

It is deeply regrettable that you and your client have decided to take such action in this matter. If you choose to pursue the threatened legal action, the University will support its administrators and any student complaining of Dr. Strauss' behavior. I have enclosed the letter to Dr. Strauss relating to the meeting with Student Affairs and I trust you will convey the information to him. If Dr. Strauss is not available for the meeting please let me know as soon as possible so that we can reschedule.

Sincerely,



Helen M. Ninos  
Associate General Counsel  
for Human Resources



**Office of Human Resources  
Employee Relations**

Fourth Floor, Archer House  
2130 Neil Avenue  
Columbus, OH 43210-1156

Phone 614-292-2800  
FAX 614-292-0549

March 13, 1996

Dr. Richard Strauss  
Preventive Medicine  
B217 Starling Loving Hall  
320 W 10th Avenue

Dear Dr. Strauss:

Please be advised that the University is considering non-renewal of your 20% appointment with Student Health Services which is part of the Student Affairs office. This letter does not concern your full-time position as a tenured professor in Public Health. This action is being considered because the University has received at least three (3) complaints regarding your behavior during the course of medical examinations within one year. Additionally, complaints from one athletic team led you to step down as the team physician.

The specific pattern of complaints is:

On January 3, 1995 a student complained regarding the extent of the examination and the relation of the exam to the medical complaint.

On January 6, 1995 a second student complained that conducted yourself in an inappropriate manner in the course of an examination and asked inappropriate questions. This student also questioned the extent of the examination in relation to his medical problem.

On January 5, 1996 another student complained that you had inappropriately touched him and unnecessarily prolonged an examination. Additionally, you used inappropriate language during the examination.

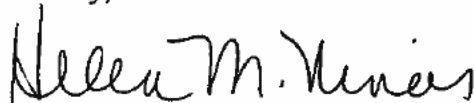
You have been made aware of the specifics of each complaint. You actually spoke directly to the first two complainants. Dr. Grace has had at least three conversations, one of which was 2 hours in duration, regarding the complaint of January 5, 1996. During those conversations, Dr. Grace discussed specific allegations of the student.



Additionally, the action taken by you regarding the athletic team was taken in conjunction with discussions between you and Dr. John Lombardo.

You will be given the opportunity to be heard regarding these complaints and the pattern of complaints. This discussion will take place with the Vice President of Student Affairs, David Williams. That meeting will take place on Thursday, March 28, 1996 in the Office of the Vice President, 33 West 11th Avenue. This is not an adversarial hearing, but is an opportunity for you to be heard regarding these complaints and the apparent pattern of complaints.

Sincerely,

A handwritten signature in cursive script, reading "Helen M. Ninos".

Helen M. Ninos  
Associate General Counsel  
for Human Resources

HN/vte

cc: Tim Nagy

To: Geiger.13@osu.edu

From: pkrebs@postbox.acs.ohio-state.edu (Paul Krebs)

Subject: Dr. Strauss

Andy,

Dr. Richard Strauss is one of our team physicians. He works 80% for Athletics and 20% for the Student Health Center. He has been put on administrative leave effective immediately pending a review for an alledged incident that occurred at the Health Center. The incident did not involve a student athlete. David Williams called to inform us a preliminary review will be held today, Wednesday January 10.

I did mentioned to David that we had a complaint filed against of Dr. Strauss by the fencing team roughly two years ago. Dr. Lombardo investigated and found no basis for the complaint but we did remove Dr. Strauss from covering the fencing team.

-Paul

# ATHLETICS



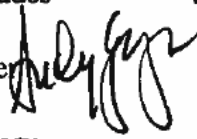
**Department of Athletics**  
**Andy Geiger**  
*Director of Athletics*

Room 224, St. John Arena  
410 Woody Hayes Drive  
Columbus, OH  
43210-1166

Telephone (614) 292-7572  
Telefax (614) 292-0506

June 27, 1994

TO: Richard Strauss

FR: Andy Geiger 

RE: Annual Salary

Dear Dick:

I am writing to inform you that your salary for academic year 1994-95 will be \$8,431.20. Please make an appointment with me if you have any questions about your salary.

I am looking forward to working with you as we endeavor to achieve great progress in our athletic programs.



THE OHIO STATE UNIVERSITY  
PERSONNEL  
ACTION REQUEST

NO 537882

FOLLOW INSTRUCTIONS PRINTED ON BACK OF THIS FORM

Check the Action(s) which apply:

- ☐ Addit. Concurrent Appt.  
☐ Begin LOA  
☐ Change of Current Appt.  
☐ Change of Qtrs. of Service

☐ Correction

- ☐ Demotion  
☐ Emeritus Appt. Rec.  
☐ Furlough  
☐ New to OSU

☐ OSU Dept. Transfer

- ☐ Other (Explain in Remarks)  
☐ Promotion  
☒ Renewal  
☐ Return Indef. LOA

☐ Returning to OSU (Complete box below)

- If returning, indicate: Last Work Date / /  
Category Code  
☐ Terminate an Appt. ☐ Termination  
☐ Transfer from other State Dept.

GENERAL

Social Security No.

Last Name

First

Middle

Home Dept. No.

☒ Retirement System

☒ Status

STRAUSS

RICHARD

H.

2580

☐ PERS ☐ FERS  
☒ STRS ☐ NONE

☒ Permanent ☐ Seasonal ☐ Temporary

Current  
Total FTE

Current Total  
Annual Rate

Proposed  
Total FTE

Proposed Total  
Annual Rate

Remarks

Increase salary

☒ For new or returning employees, reclassifications and promotions, check if position is

☐ Replacing:

☐ New

APPOINTMENT DATA

Appt. No.	Dept. No.	Account No.	Project No.	Title Abbreviation	Title Code	Step	Date in Step Mo./Da./Yr.	Appt. Type	Cat. Cd.	Effective Appt. Dates From Mo./Da./Yr. Through Mo./Da./Yr.	Period	Period % FTE	Period Rate	Hourly/Monthly Rate	Budget Line No.
1															
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								
	5414	316502	140	Team Phys	B280			3	30	7/1/93	6/30/94	12 mo	.10	\$8,000.00	\$666.66 No
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								
2															
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								
3															
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								
Dept. Name:							<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer								

LOA/TERMINATION

Forwarding Address: Street Number and Name				City		State	Zip Code	U.S. County or Foreign Country		Telephone: Area Code/Local No.					
Last Work Day	Vacation Due		Begin LOA/Furlough		Planned Return		<input checked="" type="checkbox"/> Rehire Eligibility <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		<input checked="" type="checkbox"/> Plan to Withdraw Retirement Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Recommended Appointment To Emeritus Title? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Requested O.S.U. Property Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mo./Da./Yr.	No. Days/Hrs.		Mo./Da./Yr.		Mo./Da./Yr.										
<input checked="" type="checkbox"/> Check Whether Termination Is: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				<input checked="" type="checkbox"/> Was Suitable Work Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Did Furloughed or Terminated Employee Refuse Suitable Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Check Reason:				<input type="checkbox"/> Non-renewal <input type="checkbox"/> Voluntary Retirement <input type="checkbox"/> Maternity		<input type="checkbox"/> Military Service <input type="checkbox"/> School		<input type="checkbox"/> Wage Dissatisfaction <input type="checkbox"/> Poor Attendance		<input type="checkbox"/> Deceased <input type="checkbox"/> Mandatory Retirement <input type="checkbox"/> Illness		<input type="checkbox"/> Work Dissatisfaction <input type="checkbox"/> Unsatisfactory Work		<input type="checkbox"/> Marriage <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Layoff	
				<input type="checkbox"/> Accepted State Job		<input type="checkbox"/> Relocation		<input type="checkbox"/> Violated University Rules		<input type="checkbox"/> Other (explain below)					
				<input type="checkbox"/> Accepted Other Work		<input type="checkbox"/> Unable to Work									
Explain LOA/Termination/Furlough:										Exit Interview Date		Interviewer Initials			
										Mo./Da./Yr.					

APPROVAL

Home Dept. Signature		Date	College/Division Signature		Date	Counter Signature		Date	Counter Signature		Date
		7/12/93									
TO BE COMPLETED BY PERSONNEL SERVICES ONLY											
<input checked="" type="checkbox"/> Budget Bd. Action		Permanent ID Number		Action Taken:		Authorized By:			Date		
<input type="checkbox"/> BA											





PERSONNEL  
ACTION REQUEST  
No 04368

Check the Action(s) which apply:

- ☐ Addit. Concurrent Appt.  
☐ Begin LOA  
☒ Change of Current Appt.  
☐ Change of Dirs. of Service

- ☐ Correction

- ☐ Demotion  
☐ Emeritus Appt. Rec.  
☐ Furlough  
☐ New to OSU

- ☐ OSU Dept. Transfer

- ☐ Other (Explain in Remarks)  
☐ Promotion  
☐ Renewal  
☐ Return Indef. LOA

- ☐ Returning to OSU (Complete box below.)

- If returning, indicate: Last Work Date / /  
Category Code  
☐ Terminate an Appt. ☐ Termination  
☐ Transfer from other State Dept.

GENERAL

APPOINTMENT DATA

LOA/TERMINATION

APPROVAL

Social Security No.

Last Name

First

Middle

Home Dept. No.

Retirement System

Status

STRAUSS

Richard

H

2580

STRS NONE

Permanent

Seasonal

Temporary

For new or returning employees, reclassifications and promotions, check if position is  
☐ Replacing:  
☐ New

Appt. No.	Dept. No.	Account No.	Project No.	Title Abbreviation	Title Code	Step	Date in Step Mo./Da./Yr.	Appt. Type	Cat. Cd.	Effective Dates From Mo./Da./Yr. Through Mo./Da./Yr.	Period	Period % FTE	Period Rate	Hourly/Monthly Rate	Budget Line No.
1	2580	202580-140		Asst Prof	0918			1	20	7/1/82 6/30/83	12 mo	100	49,440	4,120	
Dept. Name: Preventive Medicine				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											
										7/1/82		95	46,968	3,914	
Dept. Name:				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											
2	2525	202525-130		Asst Prof	0918			1	20	7/1/82 6/30/83	12 mo	0	No Salary		
Dept. Name: Medicine				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											
Dept. Name:				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											
3															
Dept. Name:				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											
	5414	316501-140		Team Phys	8280			3	30	7/1/82 6/30/83	12 mo	5	2,472	206	
Dept. Name: Athletic				Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer											

Forwarding Address: Street Number and Name

City

State

Zip Code

U.S. County or Foreign Country

Telephone: Area Code/Local No.

Last Work Day

Vacation Due

Begin LOA/Furlough

Planned Return

Rehire Eligibility

Plan to Withdraw Retirement Funds?

Recommended Appointment To Emeritus Title?

Requested O.S.U. Property Returned?

Mo./Da./Yr.

No. Days/Hrs.

Mo./Da./Yr.

Mo./Da./Yr.

☐ Eligible  
☐ Not Eligible

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Check Whether Termination Is: ☐ Voluntary ☐ Involuntary

Was Suitable Work Offered? ☐ Yes ☐ No

Did Furloughed or Terminated Employee Refuse Suitable Work? ☐ Yes ☐ No

Check Reason: ☐ Non-renewal ☐ Voluntary Retirement ☐ Maternity ☐ Military Service ☐ School ☐ Wage Dissatisfaction ☐ Poor Attendance  
☐ Deceased ☐ Mandatory Retirement ☐ Illness ☐ Accepted State Job ☐ Relocation ☐ Work Dissatisfaction ☐ Unsatisfactory Work  
☐ Marriage ☐ Disability Retirement ☐ Layoff ☐ Accepted Other Work ☐ Unable to Work ☐ Violated University Rules ☐ Other (explain below)

Explain LOA/Termination/Furlough:

Counter Signature:

Exit Interview Date

Interviewer Initials

Home Dept. Signature

Date

College/Division Signature

Date

Counter Signature

Date

Counter Signature

Date

TO BE COMPLETED BY PERSONNEL SERVICES ONLY

Action Taken

Authorized By:

Date

Budget Ed. Action

Permanent ID Number





THE OHIO STATE UNIVERSITY  
PERSONNEL  
ACTION REQUEST

560366

FOLLOW INSTRUCTIONS PRINTED ON BACK OF THIS FORM

Check the Action(s) which apply:

- ☐ Addit. Concurrent Appt.  
☐ Begin LOA  
☐ Change of Current Appt.  
☐ Change of Qtrs. of Service

☐ Correction

☐ Demotion

☐ Emeritus Appt. Rec.

☐ Furlough

☐ New to OSU

☐ OSU Dept. Transfer

☐ Other (Explain in Remarks)

☐ Promotion

☐ Renewal

☐ Return Indef. LOA

☐ Returning to OSU (Complete box below)

If returning, indicate: Last Work Date / /

Category Code

☒ Terminate an Appt.

☐ Termination

☐ Transfer from other State Dept.

GENERAL

Social Security No.

Last Name

First

Middle

Home Dept. No.

☒ Retirement System

☒ Status

☐ PERS ☐ FERS

☒ Permanent ☐ Seasonal ☐ Temporary

☒ STRS ☐ NONE

Current  
Total FTE

Current Total  
Annual Rate

Proposed  
Total FTE

Proposed Total  
Annual Rate

Remarks

Terminate appointment, per medical services  
agreement with Sports Medicine Clinic

☒ For new or returning employees, reclassifications and  
promotions, check if position is

☐ Replacing:

☐ New

APPOINTMENT DATA

Appt. No.	Dept. No.	Account No.	Project No.	Title Abbreviation	Title Code	Step	Date in Step Mo./Da./Yr.	Appt. Type	Cat. Cd.	Effective Appt. Dates From Mo./Da./Yr.	Through Mo./Da./Yr.	Period	Period % FTE	Period Rate	Hourly/ Monthly Rate	Budget Line No.
1	5414	316500	140	Team Phys	8280			2	30	07/01/94	06/30/95	12 mos	100	8431.00	702.58	

Dept. Name: Athletics

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Proposed				Terminate appointment						06/30/95						
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Dept. Name: Athletics

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Current	2															
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Dept. Name:

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Proposed																
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Dept. Name:

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Current	3															
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Dept. Name:

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Proposed																
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Dept. Name:

☒ Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

Forwarding Address: Street Number and Name City State Zip Code U.S. County or Foreign Country Telephone: Area Code/Local No.

Last Work Day	Vacation Due	Begin LOA/Furlough	Planned Return	<input checked="" type="checkbox"/> Rehire Eligibility	<input checked="" type="checkbox"/> Plan to Withdraw Retirement Funds?	<input checked="" type="checkbox"/> Recommended Appointment To Emeritus Title?	<input checked="" type="checkbox"/> Requested O.S.U. Property Returned?
Mo./Da./Yr.	No. Days/Hrs.	Mo./Da./Yr.	Mo./Da./Yr.	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☒ Check Whether Termination Is: ☐ Voluntary ☐ Involuntary ☒ Was Suitable Work Offered? ☐ Yes ☐ No ☒ Did Furloughed or Terminated Employee Refuse Suitable Work? ☐ Yes ☐ No

☒ Check Reason: ☐ Non-renewal ☐ Voluntary Retirement ☐ Maternity ☐ Military Service ☐ School ☐ Wage Dissatisfaction ☐ Poor Attendance  
☐ Deceased ☐ Mandatory Retirement ☐ Illness ☐ Accepted State Job ☐ Relocation ☐ Work Dissatisfaction ☐ Unsatisfactory Work  
☐ Marriage ☐ Disability Retirement ☐ Layoff ☐ Accepted Other Work ☐ Unable to Work ☐ Violated University Rules ☐ Other (explain below)

Explain LOA/Termination/Furlough:

Exit Interview Date

Interviewer  
Initials

Mo./Da./Yr.

Home Dept. Signature

Date

College/Division Signature

Date

Counter Signature

Date

Counter Signature

Date

TO BE COMPLETED BY PERSONNEL SERVICES ONLY

Action Taken

Authorized By

Date

Budget Bd. Action

Permanent ID Number

B  
BA

1111111





THE OHIO STATE UNIVERSITY  
PERSONNEL  
ACTION REQUEST

No 507721

FOLLOW INSTRUCTIONS PRINTED ON BACK OF THIS FORM

Check the Action(s) which apply:

- ☐ Addit. Concurrent Appt.  
☐ Begin LOA  
☒ Change of Current Appt.  
☐ Change of Qtrs. of Service

☐ Correction

- ☐ Demotion  
☐ Emeritus Appt. Rec.  
☐ Furlough  
☐ New to OSU

☐ OSU Dept. Transfer

- ☐ Other (Explain in Remarks)  
☐ Promotion  
☐ Renewal  
☐ Return Indef. LOA

☐ Returning to OSU (Complete box below)

- If returning, indicate: Last Work Date / /  
Category Code  
☐ Terminate an Appt.  
☐ Termination  
☐ Transfer from other State Dept.

GENERAL

Social Security No.

Last Name

First

Middle

Home Dept. No.

☒ Retirement System

☒ Status

- ☐ PERS ☐ FERS  
☐ STRS ☐ NONE

- ☒ Permanent ☐ Seasonal ☐ Temporary

Current Total FTE

Current Total Annual Rate

Proposed Total FTE

Proposed Total Annual Rate

Remarks

Change (correct) budget account under which  
Mr. Strauss is apptd.

☒ For new or returning employees, reclassifications and promotions, check if position is

☐ Replacing:

☐ New

APPOINTMENT DATA

Appt. No.	Dept. No.	Account No.	Project No.	Title Abbreviation	Title Code	Step	Date in Step Mo./Da./Yr.	Appt. Type	Cat. Cd.	Effective From Mo./Da./Yr.	Appt. Dates Through Mo./Da./Yr.	Period	Period % FTE	Period Rate	Hourly/Monthly Rate	Budget Line No.
Current 1	5414	316501	140	Team Phys	8280			2	20	07/01/94	06/30/95	12 mos	10%	8431.20	702.60/mo	
Dept. Name: Athletics				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												
Proposed	5414	316500	140							02/01/95	06/30/95					
Dept. Name: Athletics				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												
Current 2																
Dept. Name:				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												
Proposed																
Dept. Name:				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												
Current 3																
Dept. Name:				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												
Proposed																
Dept. Name:				<input checked="" type="checkbox"/> Quarters of Service: <input type="checkbox"/> Summer Term 1 <input type="checkbox"/> Summer Term 2 <input type="checkbox"/> Autumn <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer												

LOA/TERMINATION

Forwarding Address: Street Number and Name				City		State	Zip Code	U.S. County or Foreign Country		Telephone: Area Code/Local No.					
Last Work Day		Vacation Due		Begin LOA/Furlough		Planned Return		<input checked="" type="checkbox"/> Rehire Eligibility		<input checked="" type="checkbox"/> Plan to Withdraw		<input checked="" type="checkbox"/> Recommended Appointment		<input checked="" type="checkbox"/> Requested O.S.U.	
Mo./Da./Yr.		No. Days/Hrs.		Mo./Da./Yr.		Mo./Da./Yr.		<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible		Retirement Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No		To Emeritus Title? <input type="checkbox"/> Yes <input type="checkbox"/> No		Property Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Check Whether Termination Is: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary				<input checked="" type="checkbox"/> Was Suitable Work Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input checked="" type="checkbox"/> Did Furloughed or Terminated Employee Refuse Suitable Work? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input checked="" type="checkbox"/> Check Reason:				<input type="checkbox"/> Non-renewal <input type="checkbox"/> Voluntary Retirement <input type="checkbox"/> Maternity <input type="checkbox"/> Military Service <input type="checkbox"/> School <input type="checkbox"/> Wage Dissatisfaction <input type="checkbox"/> Poor Attendance <input type="checkbox"/> Deceased <input type="checkbox"/> Mandatory Retirement <input type="checkbox"/> Illness <input type="checkbox"/> Accepted State Job <input type="checkbox"/> Relocation <input type="checkbox"/> Work Dissatisfaction <input type="checkbox"/> Unsatisfactory Work <input type="checkbox"/> Marriage <input type="checkbox"/> Disability Retirement <input type="checkbox"/> Layoff <input type="checkbox"/> Accepted Other Work <input type="checkbox"/> Unable to Work <input type="checkbox"/> Violated University Rules <input type="checkbox"/> Other (explain below)											
Explain LOA/Termination/Furlough:										Exit Interview Date		Interviewer Initials			
										Mo./Da./Yr.					

APPROVAL

Home Dept. Signature		Date	College/Division Signature		Date	Counter Signature		Date	Counter Signature		Date
TO BE COMPLETED BY PERSONNEL SERVICES ONLY											
Budget Bd. Action		Permanent ID Number		Action Taken		Authorized Sign		Date			
BA		111111									





THE OHIO STATE UNIVERSITY  
PERSONNEL  
ACTION REQUEST

710 89504

FOLLOW INSTRUCTIONS PRINTED ON BACK OF THIS FORM

Check the Action(s) which apply:

- ☒ Addit. Concurrent Appt.  
☐ Begin LOA  
☐ Change of Current Appt.  
☐ Change of Qtrs. of Service

- ☐ Correction  
☐ Demotion  
☐ Emeritus Appt. Rec.  
☐ Furlough  
☐ New to OSU

- ☐ OSU Dept. Transfer  
☐ Other (Explain in Remarks)  
☐ Promotion  
☐ Renewal  
☐ Return Indef. LOA

- ☐ Returning to OSU (Complete box below)  
If returning, indicate: Last Work Date / /  
Category Code  
☐ Terminate an Appt. ☐ Termination  
☐ Transfer from other State Dept.

GENERAL

Social Security No.

Last Name

First

Middle

Home Dept. No.

☒ Retirement System

☒ Status

- ☒ PERS ☐ FERS  
☐ STRS ☐ NONE

- ☒ Permanent ☐ Seasonal ☐ Temporary

- ☒ For new or returning employees, reclassifications and promotions, check if position is  
☐ Replacing:  
☐ New

Total FTE

Annual Rate

Proposed Total FTE

Proposed Total Annual Rate

Remarks

No salary appointment as Team Physician in Athletics

APPOINTMENT DATA

Appt. No.	Dept. No.	Account No.	Project No.	Title Abbreviation	Title Code	Step	Date in Step Mo./Da./Yr.	Appt. Type	Cat. Cd.	Effective Appt. Dates From Mo./Da./Yr. Through Mo./Da./Yr.	Period	Period % FTE	Period Rate	Hourly/Monthly Rate	Budget Line No.
1	2525	657124	130	Asst Prof	0918			1	20	7/1/81	6/30/82	12 Mos	75	\$28,080.	\$2340.

Dept. Name: College of Medicine - Med. Admin. Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

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Dept. Name: Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

2	2525	202525	130	Asst Prof	0918			1	20	7/1/81	6/30/82	12 Mos	25	\$9360.	\$780.
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Dept. Name: Dept. of Medicine Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

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3															
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Dept. Name: Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

	5414	316501	140	Team Phys	8280			3	30	7/1/81	6/30/82	12 Mos		No Salary	
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Dept. Name: Athletics Quarters of Service: ☐ Summer Term 1 ☐ Summer Term 2 ☐ Autumn ☐ Winter ☐ Spring ☐ Summer

LOA/TERMINATION

Forwarding Address: Street Number and Name City State Zip Code U.S. County or Foreign Country Telephone: Area Code/Local No.

Last Work Day	Vacation Due	Begin LOA/Furlough	Planned Return	<input checked="" type="checkbox"/> Rehire Eligibility	<input checked="" type="checkbox"/> Plan to Withdraw	<input checked="" type="checkbox"/> Recommended Appointment	<input checked="" type="checkbox"/> Requested O.S.U.
Mo./Da./Yr.	No. Days/Hrs.	Mo./Da./Yr.	Mo./Da./Yr.	<input type="checkbox"/> Eligible	Retirement Funds?	To Emeritus Title?	Property Returned?
				<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

☒ Check Whether Termination Is: ☐ Voluntary ☐ Involuntary ☒ Was Suitable Work Offered? ☐ Yes ☐ No ☒ Did Furloughed or Terminated Employee Refuse Suitable Work? ☐ Yes ☐ No

- ☒ Check Reason: ☐ Non-renewal ☐ Voluntary Retirement ☐ Maternity ☐ Military Service ☐ School ☐ Wage Dissatisfaction ☐ Poor Attendance  
☐ Deceased ☐ Mandatory Retirement ☐ Illness ☐ Accepted State Job ☐ Relocation ☐ Work Dissatisfaction ☐ Unsatisfactory Work  
☐ Marriage ☐ Disability Retirement ☐ Layoff ☐ Accepted Other Work ☐ Unable to Work ☐ Violated University Rules ☐ Other (explain below)

Explain LOA/Termination/Furlough:

Exit Interview Date

Interviewer Initials

Mo./Da./Yr.

Home Dept. Signature

Date

College/Division Signature

Date

Counter Signature

Date

Counter Signature

Date

8/24/81

TO BE COMPLETED BY PERSONNEL SERVICES ONLY

Action Taken:

Authorized By:

Date

Budget Bd. Action  
BA

Permanent ID Number



DOCTORS MURPHY, KEITH, & LICHTBLAU  
1975 GUILFORD ROAD  
COLUMBUS, OHIO 43221  
486-0249

ROBERT J. MURPHY, M.D.  
PAUL F. KEITH, M.D.  
STEVEN H. LICHTBLAU, M.D.

August 18, 1981

Hugh Hindman  
Director of Athletics  
St John Arena  
Ohio State University  
Columbus, Ohio 43210

Dear Hugh,

I am requesting the appointment of Richard H. Strauss, M.D. as a team physician for the athletic department. His duties will include attendance at the Sports Medicine Clinic two mornings a week and will cover the training rooms in Larkins Hall during most of the year.

Dr. Strauss graduated from the University of Chicago Medical School. He is an internist with a background in physiology. He is at present an assistant professor of medicine and is associate director of the section of Sports Medicine in the Department of Preventive Medicine. He has been the editor of two text books, one on Diving Medicine and the other on Sports Medicine and Physiology.

For the past year, Dick has volunteered his services to our staff at Larkins Hall and has served as the team physician for many of our sports teams based at Larkins Hall. We are undertaking a research study during the 1981-82 season on the injuries in various sports.

Since he is under full contract with the University, there will be no salary commitments from the Athletic Department but the title would be very helpful.

Sincerely yours,



Robert J. Murphy, M.D.  
Head Team Physician

RJM/jm