

**University of Rochester**  
**Request for Leave of Absence and Extension of Leave Form**

Employee Completion

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Empl ID #: \_\_\_\_\_ UR Hire Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dept.. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the directions and general conditions of taking a leave. If my request is approved, I agree to comply with all requirements. Further, I will contact the Benefits Office, 275-2084, regarding continuation of benefits.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor/Department Head Completion

Please confirm that the employee meets the following eligibility requirements:

Does the employee have two (2) years or more of service?  Yes  No

If the employee previously had a University Leave (excluding Workers' Compensation, Sick Leave Disability and FMLA) has he/she had two years of continuous service between leaves?  Yes  No

If you have answered 'No' to either of these questions, the Request for Leave may be denied. You should inform the employee and state the reason why. You may consider providing the employee with a Short-Term Leave of Absence (up to 30 calendar days, but not to exceed six weeks) which is handled by your department. The absence should be reported in Time & Labor using Vacation and PTO (if applicable) until exhausted. Any remaining time will be at no pay.

**NOTE: If the reason for a leave is to care for the employee's spouse, child or parent because of a serious medical condition or a serious medical condition for him/her, supervisors must complete the information on the Leave Administration website <http://www.rochester.edu/working/hr/leave/fmla/> . Leave Administration will provide the employee appropriate forms and make the department aware of the status of a possible Family Medical Leave.**

Medical, dental and life insurance benefits will be continued during the Leave of Absence subject to payment of your portion of any premiums unless you authorize cancellation of such coverage. Vacation accruals (up to the maximum entitlement) will be paid out. Vacation does not accrue during the leave. Upon return to work, the employee will be placed in the same or comparable position.

Date leave will begin: \_\_\_\_\_ Expected date of return: \_\_\_\_\_

Reason for leave: \_\_\_\_\_

Extension of Leave

A University Leave of Absence granted for less than 12 months may be extended up to a maximum of 12 months with department approval.

Date original leave began: \_\_\_\_\_ Expected date of return: \_\_\_\_\_

Reason for extension: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Box #: \_\_\_\_\_ Phone: \_\_\_\_\_

I have reviewed the eligibility criteria and have approved/denied the leave.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print a hard copy for the employee and supervisor to sign and forward to the Leave Administration Office at P.O. Box 270025 for final review.