



Supplemental Pay Leave Request Form for Union Employees

This form is for SEIU/1199 union members (BU2/BU4) only.

Complete this form if you are taking a paid or unpaid leave and want to use your accrued time (e.g., vacation, sick/PTO) to supplement it. This form is not needed if you will not be using any accrual time during your leave.

You may also complete this form if you wish to receive Family Medical Leave Act correspondence related to your leave electronically during your leave.

Employee information

Name (as listed in HRMS/myURHR):

(Last)

(First)

Employee ID number (6 digits):

Phone number (with area code):

Personal email address

Department name:

Manager name:

(Last)

(First)

Last day worked: _____ First date on leave: _____

(mm/dd/yy)

(mm/dd/yy)

Do you want to use your accrued time to supplement any unpaid or partially paid leave?

☐ Yes ☐ No

Please choose one option to begin the supplementation of your leave:

☐ Begin supplementation retroactively up to 30 days prior to the date of this form, or to the start of the claim, whichever occurs first.

☐ Begin supplementation starting today.

Leave Administration



Claim type to be supplemented (choose one):

☐ Short-term Disability (STD)

***If you are intending to take Paid Family Leave (PFL) following your Short-Term Disability leave, an additional Supplemental Pay Leave Request form must be submitted for the PFL portion of your leave.*

☐ Paid Family Leave (PFL)

☐ Workers' Compensation

Disclaimer: By selecting one of these options, you authorize Leave Administration to use your sick/PTO and/or vacation banks as designated above. You may stop your election at any time during your leave, but once paid, the accrual time used cannot be changed.

Below outlines the leave entitlements and the calculations for the use of accrued time for SEIU/1199 union member for your reference.

- **Two-Thirds Pay STD:** 33% of your accrued time (e.g., vacation, sick/PTO) will be used per day.
- **PFL:** 33% of your accrued time (e.g., vacation, sick/PTO) will be used per day.
- **WC:** 33% of your accrued time (e.g., vacation, sick/PTO) will be used per day.

Step 1: Supplemental Bank Options (choose one):

☐ Use Supplemental Sick, then use other accruals as noted below.

☐ Use Supplemental Vacation, then use other accruals as noted below.

☐ Use Supplemental Sick, then Supplemental Vacation, and then use other accruals as noted below.

☐ Use Supplemental Vacation, then Supplemental Sick, and then use other accruals as noted below.

☐ Use other accruals as noted below, then use Supplemental Vacation, and Supplemental Sick banks (if available).

☐ Do not use any supplemental banks; only accruals as noted below

Step 2: Accrual Options (e.g., vacation, sick/ PTO) (choose one):

Option A: Use only one bank for leave. Please make one selection:

☐ Use vacation only, no sick/PTO

☐ Use sick/PTO only, no vacation



OR

Option B: Use multiple banks for leave. **(choose one)**:

☐ Use vacation until it runs out, then use sick/PTO.

☐ Use sick/PTO until it runs out, then use vacation.

OR

Option C: Specify the number of hours to use from either vacation or sick/PTO. (Each day will use 33% of your time). Please write in the number of hours you want to use below (choose one).

☐ Use _____ hours of vacation first then use _____ hours of sick/PTO

☐ Use _____ hours of sick/PTO first then use _____ hours of vacation

Attestation

I have read and understand this opt-in form and request to supplement the paid leave as selected above with my available accrued leave, where applicable.

Signature: _____ Date: _____

First Name: _____ Last Name: _____

Step 3: Electronic Receipt of FMLA Correspondence While on Leave of Absence

I understand that I have the option to elect to receive all FMLA related correspondence in conjunction with stand-alone FMLA leaves and other leaves which run concurrently with the FMLA (E.g., Short Term Disability, Workers' Comp and Paid Family Leave) electronically or continue to receive them by U.S. mail:

☐ I elect to receive FMLA correspondence electronically and understand that it will be sent to my personal email account. I further understand and agree that I will be responsible to check my email regularly, including any applicable SPAM or junk folders, for FMLA correspondence and other leave related communications. I may exercise my right to affirmatively request paper copies or discontinue electronic delivery at any time by contacting Leave Administration at HR_FMLA@ur.rochester.edu.

☐ I do not wish to receive FMLA correspondence electronically and agree to receive such information via U.S. mail.

OFFICE OF HUMAN RESOURCES

Leave Administration



PLEASE RETURN ALL 3 PAGES WITH SIGNATURE TO:

- Email scanned copy or picture (via cell phone) to hrleaveoptin@ur.rochester.edu or,
- Mail to
University of Rochester
Leave Administration,
910 Genesee Street, Box 270025,
Rochester, NY 14627