



Supplemental Pay Leave Request Form

Complete this form if you are taking a paid or unpaid leave of absence and wish to supplement your time with your accrued time (e.g., vacation, sick/PTO). This form is not needed if no accrual time will be used during your leave.

You may also complete this form if you wish to receive Family Medical Leave Act information 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)

Accruals are automatically processed in myURHR and will be applied in the following order, as outlined in each leave policy: Supplemental Vacation > Supplemental Sick > Vacation > Sick/Paid Time Off (PTO).

***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)

Accruals are automatically processed in myURHR and will be applied in the following order, as outlined in each leave policy: Vacation > Sick/Paid Time Off (PTO).

Workers' Compensation

Accruals are automatically processed in myURHR and will be applied in the following order, as outlined in each leave policy: Supplemental Vacation > Supplemental Sick > Vacation > Sick/Paid Time Off (PTO).

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.

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: _____

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 emailing Leave Administration at hrleaveadministration@ur.rochester.edu.

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

PLEASE RETURN ALL 3 PAGES WITH SIGNATURE TO: Email scanned copy or picture to hrleaveoptin@ur.rochester.edu or mail to University of Rochester, Leave Administration, 910 Genesee St., Box 270025, Rochester, NY 14627

