

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

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

Empl ID #: \_\_\_\_\_ UR Hire Date: \_\_\_\_\_ Dept. Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Reason for Leave: \_\_\_\_\_ Community Service \_\_\_\_\_ Education \_\_\_\_\_ Care of Dependent/Elder

Other: \_\_\_\_\_

HR Business Partner signature required if "Other" is selected: \_\_\_\_\_

**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 by contacting the Benefits Office, 585-275-2084 or total.rewards@ur.rochester.edu. 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. Please see University Leaves of Absence Policy (#357) for more information.**

I have read and understand the directions and conditions of taking a leave as set forth in the University's Leave of Absence Policy (#357). If my request is approved, I agree to comply with all requirements.

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, PFL, 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 will be denied and there is no need to submit this form.** You should inform the employee and state the reason why. You may consider providing the employee with an unpaid Short Term (Departmental) Leave of Absence (up to 30 work days, but not to exceed six calendar weeks). More information can be found on the Leave Administration website.

**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, the employee may be eligible for Paid Family Leave and/or FMLA. Information on these programs can be found by visiting the Leave Administration website at <http://www.rochester.edu/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 Name (Print): \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Supervisor ID #: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print a hard copy for the employee and supervisor to sign and fax to the Leave Administration Office at 585-276-1361, or scan and email to [HRLeaveAdministration@ur.rochester.edu](mailto:HRLeaveAdministration@ur.rochester.edu) for final review. A notification will be sent to the employee, supervisor as well as the department HR Business Partner once the leave has been processed.**