University of Rochester

Military Leave of Absence Form (Over 30 working days)

Employee Completion

Employee Name:		Today's Date:
EE ID #:	Job Title:	Phone:
Reason for Leave (i.e. Active-Duty Deployment, National Guard Duty, Training, Drills)		
Date leave will begin:		Expected date of return:
Please include a copy of your orders with this form.		
Employees are NOT required to use their available accrued banks (Vacation and/or PTO) while on leave but may choose to use the time if desired. Employees who wish to use or receive a payout of their Vacation and PTO, if applicable, may elect to do so by notifying Leave Administration in writing to: <a href="https://mxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx</td></tr><tr><td colspan=3>An employee's benefits will continue during the leave and premiums will be due, unless the employee signs a form electing to discontinue these benefits while on leave. Please contact Total Rewards at TotalRewards@rochester.edu to do so. After 12 months, however, an individual who remains on Military Leave is not eligible for continued coverage in any benefit plans, except the protection available to terminating staff. Please see the University's Military Leave policy (#336) for additional details.		
I have read and understand the directions and conditions of taking a leave as set forth in the University's Military Leave Policy (#336). I agree to comply with all requirements.		
Employee Signature:		Date:
Supervisor/Department Head Completion		
By signing below, I acknowledge I have received notice from employee and understand my responsibilities.		
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 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.