

**University of Rochester**  
**Military Leave of Absence Form**  
**(30 working days or less)**

**Employee Completion**

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

EE ID #: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leave (i.e., National Guard Duty, Training, Drills) \_\_\_\_\_

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

*If available, please provide 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: [HRLeaveAdministration@ur.rochester.edu](mailto:HRLeaveAdministration@ur.rochester.edu) or fax 585-276-1361. 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: \_\_\_\_\_

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**Supervisor/Department Head Completion**

By signing below, I acknowledge I have received notice from the 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](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.**