

University of Rochester
Short Term (Departmental) Leave of Absence Form
(30 days or less)

Employee Completion:

Employee Name: _____ EEID: _____ Today's Date: _____

Date leave will begin: _____ Expected date of return: _____

Reason for Leave: _____ Urgent Personal Business _____ Family Illness

This leave may be used for such reasons as non-FMLA family illness or urgent personal business, when the staff member has insufficient accruals to cover the time off and without the leave the individual may have to resign. Benefits will continue subject to any payroll deductions. When the individual is an unpaid status, benefit premiums will go into arrears. Upon your return to work, the benefit premiums will be deducted from your paycheck. 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:

I have received the employee's request and have reviewed their available leaves and accrued banks.

☐ Approved ☐ Denied

Supervisor Name (Print): _____ Supervisor Signature: _____

Supervisor ID #: _____ Phone: _____ Date: _____

NOTE: If the reason for a leave is to care for the employee's spouse, child or parent because of a serious medical condition, 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>.

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.