



FMLA Supplemental Pay–Change Request Form for Union Employees

This form is for SEIU/1199 union members (BU2/BU4) only.

Complete this form if you have taken FMLA related absence(s) and would like to use your accrued PTO/Sick time to supplement it. This form is not needed if you have exhausted your PTO/Sick time. Your accrued vacation time will be used automatically. **Only past dates will be accepted. Future dates are ineligible and will not be permitted.**

Employee information

Name (as listed in myURHR):

(Last) _____ (First) _____

Employee ID number (6 digits): _____

Phone number (with area code): _____

Personal email address: _____

Department name: _____

Manager name:

(Last) _____ (First) _____

Date(s): _____

Please list the FMLA dates (MM/DD/YYYY) you have already taken. Only past dates will be accepted. Future dates are ineligible and will not be permitted.



Leave Administration



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Employee Acknowledgment

By signing below, I understand the information provided and acknowledge that my accrued leave balances will be adjusted accordingly. I authorize the use of my accrued PTO/sick time for my FMLA absence(s) taken as noted above. If that time is exhausted, my vacation accrued time will be used automatically.

Employee signature: _____

Form submission date: _____

Fill out a digital version of this form at rochester.edu/human-resources/benefits/leave-disability/fmla-pay-change-request/ or use the QR code below.



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