



## 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*



University  
of Rochester

**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/](https://rochester.edu/human-resources/benefits/leave-disability/fmla-pay-change-request/) or use the QR code below.

