

Extended Bonding Leave Request Form

Employee Name _____	EMPL ID # _____
Title _____	email address: _____
Campus Address and Phone # _____	
Department and Supervisor Name _____	
Supervisor Signature and Phone # _____	
HR Rep Name & Phone Number _____	
Reason for request (<i>please circle one</i>) birth adoption foster care	
Requested Leave Start Date _____	Requested Leave End Date _____
Supplement Leave (<i>please check appropriate</i>)	
_____ yes _____ no <i>If yes, with _____ vacation and/or _____ sick</i>	
_____ <i>Additional information</i>	

Leave Provisions: Policy 6.9 Time away from work

It is your responsibility to read Cornell University Policy 6.9 Time Away from Work and its accompanying guidelines for your further understanding of the conditions and requirements of the leave.