Cornell University

## Benefit Services & Administration

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## **Extended Bonding Leave Request Form**

Employee NameEMPL ID #
Titleemail address:
Campus Address and Phone #
Department and Supervisor Name
Supervisor Signature and Phone #
HR Rep Name & Phone Number
<b>Reason for request</b> ( <i>please circle one</i> ) birth adoption foster care
Requested Leave Start Date Requested Leave End Date
Supplement Leave (please check appropriate)
yesno If yes, withvacation and/orsick
Additional information

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.