



Military Caregiver Leave Request

To Be Completed By Employee

Employee Name _____

Employee ID#: _____

Employee Signature: _____ Date: _____

Supervisor Name: _____ Department: _____

Supervisor Signature: _____ Telephone: _____

HR Representative Name: _____ Telephone: _____

Military Caregiver Leave _____

Anticipated Start Date: _____ Anticipated End Date: _____

Leave Provisions

1. You are eligible for Military Leave if you have worked for the university for at least one year and have a total of 1,250 paid hours worked or more in the most recent twelve months.
2. If the need for the leave is foreseeable, please request the leave from your supervisor at least 30 days in advance.
3. The Medical Leaves Administration office will send you a tentative leave approval letter upon receipt of this notice. We will also send you Certification for a Serious injury or illness for Military Family Leave.
4. To be approved for Military Leave, you will be required to furnish one of the completed forms to our office for review.
5. You must return the Certification form within 15 calendar days of the date of your tentative leave approval letter.
6. You may be required to provide periodic recertification during your leave. Cornell may seek an additional medical opinion regarding your request for Leave. Cornell will pay for any cost associated with a second medical opinion.
7. Any approved Leave will be counted against your annual Federal Family Medical Leave Act requirement for 26 weeks for Military Family Leave.

8. You may elect to supplement your leave with pay from accruals such as vacation and available sick leave accruals appropriate to this use. Please see [Policy 6.9 "Time Away From Work."](#)
9. While you are receiving supplemental pay on leave, your benefit program deductions from pay will continue.
10. If you do not supplement your leave with pay from accruals, HR/Records Administration will bill you for your benefit program premiums. **Caution: nonpayment of premiums can result in the cancellation of your Cornell health insurance or other programs.**
11. While on leave, you should maintain periodic contact with your department. Please discuss the frequency of this contact with your supervisor.
12. 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.

Instructions

Please submit a copy of this form to:

Liz Dibble-Pompa
Medical Leaves Administration
Suite 102 East Hill Office Building
395 Pine Tree Road
Ithaca, NY 14850

Contact Liz Dibble-Pompa for questions and assistance:

(607) 255-1136

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