Military Leave Request
(Use for Qualifying Exigency or Military Family Leave)

Name_________________________________________ Emplid # ____________

Home Address ________________________________________________

Department and name of supervisor _______________________________

Supervisor signature and telephone number________________________

Department HR Representative and telephone number_________________

Employee signature and date______________________________________

Qualifying Exigency _________ or Military Family 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 1,000 paid hours 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 a Certification of Qualifying Exigency form, or a Certification for a Serious injury of 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 the 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.

Cornell University is an equal opportunity affirmative action educator and employer.
7. Any approved Leave will be counted against your annual Federal Family Medical Leave Act requirement of 12 weeks of unpaid leave for Qualifying Exigency or 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.

Please submit a copy of this form to Liz Dibble-Pompa at Medical Leaves Administration, Suite 102 East Hill Office Building, 395 Pine Tree Road, Ithaca, NY 14850. You can contact Liz at (607) 255-1136, or ejd232@cornell.edu for questions and assistance.