

Paid Parental Leave Request Form

I. EMPLOYEE DATA						
Employee Name:				ID (800xxxxxx):		
Dept. Name:						
Home Phone:			Email Address <small>*Approval is sent by email</small>			
Appointment Information:	Date of Hire:	<input type="checkbox"/> Permanent	<input type="checkbox"/> SHRA	<input type="checkbox"/> Full-Time		
		<input type="checkbox"/> Temporary	<input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> Part-Time – Hrs./Wk.:		
Supervisor Name:				Supervisor Phone:		
II. LEAVE REQUEST						
RECUPERATION LEAVE REQUEST <i>For birth mother only; must occur in the four weeks immediately following the birth)</i>			Expected Start Date:		Expected End Date:	
BONDING LEAVE REQUEST <i>The four consecutive weeks of leave must occur within the first 12 months following the date of birth or date of adoption/foster care placement</i>			Expected Start Date:		Expected End Date:	
III. DOCUMENTATION REQUIREMENTS (attach to form)						
QUALIFYING EVENT		EXAMPLES: Parental Leave Acceptable Documentation (only one document required)				
Adoption		Adoption Order, Proof of Placement				
Birth		Birth Certificate (or Report of Birth/Stillbirth), Certified DNA Results Custody Order, Proof of Placement				
Foster Placement		Foster Care Placement Agreement, Custody Order, Proof of Placement				
Other Legal Placements		Custody Order, Proof of Placement				
IV. EMPLOYEE CERTIFICATION AND SIGNATURE						
I certify that I meet the following requirements under the Paid Parental Leave program and that I have or will become a parent by childbirth, adoption, foster care placement, or other legal placement, or that I am or will stand in loco parentis for a child. I acknowledge that the information provided above and with this request form is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.						
Employee's Signature:				Date:		
IV. SUPERVISOR ACKNOWLEDGEMENT						
Supervisor's Signature:				Date:		
V. FOR HR OFFICE USE ONLY						
Paid Parental Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied				
HR Comments:						
Signature (HR Rep):				Review Date:		