

Paid Parental Leave Request Form

I. EMPLOYEE DATA				
Employee Name:		Banner ID:		
Supervisor Name:		Supervisor Phone:		
Dept. Name:				
Home Address:		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.:
II. LEAVE REQUEST				
RECUPERATION LEAVE REQUEST		Expected Start Date:		Expected End Date:
<small>For birth parent only; must occur in the four weeks immediately following the birth</small>				
BONDING LEAVE REQUEST		Expected Start Date:		Expected End Date:
<small>The four consecutive weeks of leave must occur within the first twelve months following the date of birth or date of adoption/foster care placement</small>				
III. DOCUMENTATION REQUIREMENTS (attach to form)				
Qualifying Event	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				
<p>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.</p>				
Employee's Signature:		Date:		
V. ACKNOWLEDGEMENT/ APPROVAL SIGNATURES				
Supervisor's Signature:		Date:		
Dept. Head/ Dean Signature:		Date:		
VI. FOR HR OFFICE USE ONLY				
Paid Parental Leave- Recuperation Leave Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A	
Paid Parental Leave- Bonding Leave Request:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> N/A	
HR Comments:				
HR Signature:		Date:		