

### Family and Medical Leave Act Parental Leave of Absence Request and Notice Form

|  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <b>EMPLOYEE INFORMATION</b>  |                                   |                                   |
| Employee's Name:   | Employee ID:                      |                                   |
| <b>EMPLOYMENT TYPE</b>   |                                   |                                   |
| <input type="checkbox"/> USPS  | <input type="checkbox"/> Faculty  | <input type="checkbox"/> A&P      |
| <input type="checkbox"/> Executive Service   | <input type="checkbox"/> OPS      |                                   |
| <b>CONTRACTUAL PERIOD</b>  |                                   |                                   |
| <input type="checkbox"/> 9 month   | <input type="checkbox"/> 10 month | <input type="checkbox"/> 12 month |
| <input type="checkbox"/> Varied (OPS employees)  |                                   |                                   |
| <b>EXPECTED DATES OF LEAVE</b>   |                                   |                                   |
| <input type="checkbox"/> Continuous Leave  | Begin Date: _____                 | End Date: _____                   |
| <input type="checkbox"/> Intermittent Leave  | Begin Date: _____                 | End Date: _____                   |
| <input type="checkbox"/> Reduced Work Schedule   | Begin Date: _____                 | End Date: _____                   |
| <b>REASON FOR LEAVE REQUEST</b>  |                                   |                                   |
| <input type="checkbox"/> The birth of a child and to care for the newborn child within one year of birth.<br><input type="checkbox"/> The placement of a child for adoption, foster care, and/or to care for the newly placed child within one year of placement.  |                                   |                                   |
| <b>PARENTAL LEAVE GUIDELINES</b>   |                                   |                                   |
| <p>I understand that I can take up to six months unpaid leave when I become the biological or adoptive parent of a child. I understand that while on parental leave, I may request and be placed on annual leave with pay to cover any part of the six months period until all or part of my earned annual leave has been used. I understand that by completing the required medical certification, I may be allowed to use earned sick leave while on parental leave.</p> |                                   |                                   |
| Employee's Signature:  | Print Name:                       | Date:                             |
| <b>SIGNATURES</b>  |                                   |                                   |
| Supervisor's Signature:  | Print Name:                       | Date:                             |
| Department's Head Signature:   | Print Name:                       | Date:                             |

