

## PARENTAL LEAVE REQUEST FORM

This request form is **ONLY** for employees who are ineligible for leave under the Family & Medical Leave Act.

### **PART I: TO BE COMPLETED BY EMPLOYEE**

#### ELIGIBILITY CONFIRMATION

Before completing this form, please use this checklist to confirm your eligibility for parental leave.

I confirm that I will have been employed at UBalt for at least six months prior to the start of leave.

I confirm that I will be the child's primary caregiver during the parental leave period.

I confirm that I have not taken parental leave in the last 12-month period.

#### EMPLOYEE INFORMATION

Name:	Job Title:
UB Hire Date:	Dept:
Phone Number:	Supervisor/Dept Head's Name:

#### LEAVE INFORMATION

Reason for Leave Request:  Birth of a Child       Placement for Adoption       Foster Care Placement

Effective Start Date  
of Leave Request:

Date of Anticipated  
Return to Work:

# of Days  
Requested:

Please provide any additional information that might be relevant to your leave request:

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\_\_\_\_\_

#### LEAVE USAGE ACKNOWLEDGEMENT (STAFF, F12, LIB ONLY)

I acknowledge that I must exhaust my accrued annual, holiday & personal leave before I receive paid parental leave. (Sick leave is exempt from this requirement, unless you have enough sick leave to cover the entire leave period.)

#### EMPLOYEE SIGNATURE

Employee Signature:	Date:
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### **PART II: TO BE COMPLETED BY THE EMPLOYEE'S SUPERVISOR OR DEPARTMENT HEAD**

#### SUPERVISOR/DEPARTMENT ACKNOWLEDGEMENT

I, the undersigned supervisor or department head, have reviewed the employee's request for Parental Leave, and am sending it to UBalt's Leave Benefits staff for review and final approval pursuant to the Parental Leave policy.

Supervisor or Dept Head Printed Name:	Supervisor or Dept Head Title:
Supervisor or Dept Head Signature:	Date: