UNIVERSITY of MARYLAND BALTIMORE

PARENTAL BEREAVEMENT LEAVE REQUEST FORM
□Faculty □Staff

Pursuant to the Annotated Code of Maryland, State Personnel and Pensions Article, §9-1109

Governing policy: VII-7.27 – USM POLICY ON PARENTAL BEREAVEMENT LEAVE
Parental Bereavement Leave (PBL) is standalone "paid" leave for all employees (faculty, staff, non-exempt, exempt, and contingent II employees). Employees are eligible for up to 10 days of paid Parental Bereavement Leave within 60 days after the death of an employee's child (adopted, biological, foster, stepchild or legal ward who is aged 6 months through age 26) and up to 60 days of Parental Bereavement Leave within 60 days after a still birth or death of an infant (adopted, biological, foster, stepchild or legal ward who is under the age of 6 months)

Resources: Employee Assistance Program (EAP): [Employee Assistance Program - Human Resources](#) 800-410-7628

PART I: To be completed by Employee

Name of employee: _____   Employee ID#: _____

Job Title: _____   Department/School_____

Date leave is to begin: _____   Return to work date: _____

Supervisor's name:_____   Payroll Representative's name: _____

Reason for requested leave: □Stillbirth □Death of infant (under 6 months of age) □ Death of child (6 months of age – 27 years)

Total days requested: _____

Child's Date of Birth:_____   Date of child's death:_____

I understand I must provide documentation to support this request for PBL within 15 days of notifying Human Resources, or as soon as practicable. I affirm that the information provided on this form is accurate and truthful. I understand that willful falsification of information contained in this statement can result in employment related action being taken against me as an active employee.

_____   _____
          Employee's Signature   Date

PART II: To be completed by HR-ELR

□Approved   □Denied* _____   _____   _____
                          HR-ELR Representative: **Name (Print)**   **Date**

*Written justification must be submitted if request is denied

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SUBMIT FORM TO: Employee Labor Relations Fax: (410) 706-0169 E-mail: leave_and_accom@umaryland.edu