

PART I: To be completed by Employee

PARENTAL LEAVE REQUEST FORM

□Faculty □Staff

Governing policies: II—2.25 Policy on Parental Leave and other Family Supports for Faculty

VII—7.49 Policy on Parental Leave and other Family Supports for Staff

Name of employee:	Employee	Employee ID#:		
Years of service at UMB: Job Title:	Departme	Department/School:		
Date applied for FMLA (Required): Da	ate leave is to begin:	Return to work	date:	
Supervisor's name:	Payroll Representative's name: _			
Is leave for: □Newborn: Expected delivery date:	or Actual delivery d	or Actual delivery date:		
□Adoption finalization date: □ □Fost	ter care effective date:	Child's I	OOB:	
Do both parents work for University of Maryland, Baltimor	re? □Yes □No; If yes, please provide	the following inf	Cormation:	
Name of Other parent:	Department:			
☐ I would like to use sick leave hours in lieu of annual leave required by policy. I affirm that the information provided on this form is accuracy caregiver, responsible for feeding, bathing, medical appoint information contained in this statement can result in empl	urate and truthful. I further affirm that intments, and all other related care. I ur	I am serving as the	ne child's primary Iful falsification of	
Employee's Signature		Date	· · · · · · · · · · · · · · · · · · ·	
Date accrued and/or approved leave will be exhausted (annual Does the employee have any outstanding timesheets? Y Has employee previously been granted Parental Leave?	es □ No	- Number of	Hours:	
Hours to be used: Annual Sick Personal Holi	iday Total Hrs. of Parental Leave Re			
Part III: To be completed and signed by supervisor Has employee:		YES	NO	
Performed at a level of "meets standards" or better in the	he last 6 months?	1 ES	NO	
Attained a satisfactory record of sick leave usage?				
Supervisor: Signature Name	e	Date		
Part IV:				
□Approved □Denied* Dean/Department Head: Signature	Name (Print)	<u></u>	ate	
	1 mm (1 mm)	D		
□Approved □Denied	Name (Print)		Date	