

FACULTY REQUEST FOR PARENTAL LEAVE

The Parental Leave Policy for faculty is in Section II.9 of the UMBC Policies website (www.umbc.edu/policies).

PART I: To be completed by the Employee			
Employee Name:		Empl ID #:	
Date of UMBC Employment:	Total Years of UMBC Service:	Job Title:	Department:
Date Leave is to Begin:		Probable Date of Return to Work:	Number of Days Requested:
If no medical documentation is attached, has FMLA (Family & Medical Leave Act) paperwork been submitted to Human Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>The purpose of parental leave is to support eligible employees in balancing professional and family demands during and after the birth or adoption of a child. Eligible faculty may receive up to twelve (12) weeks (60 work days)* of paid maternity/paternity leave. Parental Leave will consist of annual, personal and holiday leave the faculty member has accrued and earned.</p> <p>I, _____, understand the Parental Leave Policy.</p> <p style="text-align: right;">Employee's Signature: _____ Date: _____</p>			

PART II: To be completed by the Department (Supervisor or Department Head)
<p>1. Date on which applicable earned and approved leave will be exhausted (leave including annual, personal, and holiday leave must be exhausted before parental leave will be granted): Month _____ Day _____ Year _____</p> <p>2. Has the employee been granted Parental Leave by the University previously? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If Yes, when and how long?</p> <p>I, _____ the supervisor or department head, <input type="checkbox"/> approve <input type="checkbox"/> do not approve* of the employee's request for parental leave.</p> <p>(please print name)</p> <p style="text-align: right;">Supervisor's Signature: _____ Date: _____</p> <p>*If the supervisor/department head does not approve the request, written justification and documentation must be attached for review by the Provost and HR Department.</p>

PART III: To be completed by the Office of the Provost
<p style="text-align: center;">Confirmed (Check all that apply): <input type="checkbox"/> Service Date <input type="checkbox"/> Employment Status <input type="checkbox"/> Leave Information</p> <p>Notes: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Provide Reason): _____</p> <p>Signature (Provost or Provost's Designee): _____ Date: _____</p>

Part IV: To be completed by Human Resources
<p>Notes: _____</p> <p>Signature of Human Resources' Designee: _____ Date: _____</p>

<input type="checkbox"/> Notification Sent To Department	Date Sent: _____
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