

**Paid Parental Leave Request Form
Classified Staff**

This request should be made at least thirty (30) Days in advance of the date on which you wish to start Parental Leave when practical. If your spouse is also an eligible UVA University Staff employee, they will need to complete a separate Paid Parental Leave Request Form. Further information on Paid Parental Leave, including the terms and conditions, can be found at <https://hr.virginia.edu/time/paid-leave>.

Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Revised Previous Request	Type of Leave Requested: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Custody/Placement
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Employee Name: _____

Employee Address: _____

Department: _____ University ID #: _____

Email: _____ Telephone: _____

Reason for Request (Select One)

Continuous Leave: Anticipated Begin Date: ____/____/____ End Date: ____/____/____
(8 weeks)

Intermittent Leave: Anticipated Begin Date: ____/____/____ End Date: ____/____/____
(Two 4 week blocks only)

I am requesting Continuous or Intermittent Paid Parental Leave and have informed my supervisor and University Human Resources.

Employee Initials: _____ Date: _____

Documentation required within thirty (30) calendar days following Birth, Adoption or Placement

For a *Birth*, documentation proving eligibility for Paid Parental Leave (birth certificate or hospital birth confirmation) required. For an *Adoption*, documentation from a Court Agency and/or Attorney (custody/adoption order) required. For *Foster Care placement*, government-issued or legal document dated and signed by a court official indicating the date that the child was placed in the home.

Employee Affirmation

I affirm that the information provided on this form is complete and accurate. I acknowledge that I have read and understand the Parental Leave information available to me on the UVA HR website and that I will provide the documentation and information as may be requested

Employee Signature: _____

Date: _____

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PART II: To be completed by UVA Human Resources	
Date Request Received: ____/____/____	
Employee Name: _____	Employee ID: _____
Eligibility	<input type="checkbox"/> Employed for twelve (12) consecutive months and have worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child. <input type="checkbox"/> Employed in a full-time, quasi-full-time, or part-time salaried position upon the birth, adoption or placement of a child under the age of eighteen (18). <input type="checkbox"/> Employee is the biological parent(s), adoptive parent(s) or foster parent(s).
Pending Approval	<input type="checkbox"/> Leave is approved pending receipt of documentation. Date: ____/____/____
Denial	<input type="checkbox"/> Leave is denied – Employee has not been employed for twelve (12) consecutive months and have worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child. <input type="checkbox"/> Leave is denied – Employee has not been employed in a full-time, quasi-full-time, or part-time salaried position upon the birth, adoption or placement of a child under the age of eighteen (18). <input type="checkbox"/> Leave is denied – Employee has exhausted all available Paid Parental Leave. <div style="text-align: right; margin-right: 50px;"> Dates of 1st Leave: ____/____/____ to ____/____/____ Dates of 2nd Leave: ____/____/____ to ____/____/____ </div>
Secondary Action	<input type="checkbox"/> Leave is approved as requested. Date: ____/____/____ <input type="checkbox"/> Leave is denied – Employee did not provide supporting documentation. Date: ____/____/____
Human Resources Follow – Up:	
<input type="checkbox"/> Date of Birth or Adoption: ____/____/____ <input type="checkbox"/> Date of Custody or Placement: ____/____/____ <input type="checkbox"/> Is the employee eligible for FMLA Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Begin Date: ____/____/____ to End Date: ____/____/____	
Printed Name (UVA Human Resources Representative): _____	
Signature: _____ Date: ____/____/____	