**Paid Parental Leave Request Form**

This request should be made at least thirty (30) Days in advance of the date on which you wish to start Paid Parental Leave or as soon as is practical. If your spouse is also an eligible Health System 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](https://hr.virginia.edu/time/paid-leave).

**PART I: To be completed by EMPLOYEE**

<table>
<thead>
<tr>
<th>Request Type:</th>
<th>☐ Initial Request</th>
<th>☐ Revised Previous Request</th>
<th>Type of Leave Requested:</th>
<th>☐ Birth</th>
<th>☐ Adoption</th>
<th>☐ Foster/Custodial Placement</th>
</tr>
</thead>
</table>

Employee Name: ___________________________  Health System ID No.: ___________________________

School/Unit:  ☐ Medical Center  ☐ School of Medicine  ☐ School of Nursing  ☐ Claude Moore Health Sciences Library

Job Title: __________________________________________________________

Health System Phone: ___________________________  Other Phone: ___________________________  Email: ___________________________

Supervisor Name: ___________________________  Supervisor Health System Phone: ___________________________

Supervisor Email: ___________________________

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**Time Off Request**

☐ I am requesting eight (8) weeks of continuous Paid Parental Leave with an anticipated start date of _____/_____/______

and end date of _____/_____/______

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**Reason for Requesting Leave:**

☐ Birth of a child – Expected Date of Birth: __________________________________________________________

☐ Adoption of a child – Expected Date of Placement: __________________________________________________________

☐ Foster/Custodial Placement of a child – Expected Date of Placement: __________________________________________________________

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Documentation must be submitted within thirty (30) calendar days of Birth, Adoption or Placement date.

- 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/Custodial Placement, government-issued or legal document dated and signed by a court official indicating the date that the child was placed in the home required.

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**Employee Affirmation**

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

Employee Signature: ___________________________  Date: ___________________________
PART II: To be completed by HUMAN RESOURCES

Date Request Received: _____/_____/_____

Employee Name: ____________________________________

Health System ID No.: ______________________________

Eligibility
☐ Eligible for Family and Medical Leave Act (FMLA) by being 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.

☐ Employed in a benefits eligible position upon the birth, adoption or placement of a child under the age of eighteen (18).

☐ Employee is the biological parent(s), adoptive parent(s) or foster/custodial parent(s).

Pending Approval
☐ Leave is approved pending receipt of documentation. Date: _____/_____/_____

Denial
☐ Leave is denied – Not eligible for FMLA. Employee has not been employed for twelve (12) consecutive months and has not worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child.

☐ Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child under the age of eighteen (18).

☐ Leave is denied – Employee has exhausted all available Paid Parental Leave.

  Dates of 1st Paid Parental Leave: _____/_____/_____ to _____/_____/_____

  Dates of 2nd Paid Parental Leave: _____/_____/_____ to _____/_____/_____

Secondary Action
☐ Leave is approved as requested. Date: _____/_____/_____

☐ Supporting Documentation received. Date: _____/_____/_____

  Supporting Documentation:
  ☐ Birth Certificate or Hospital Birth Confirmation
  ☐ Custody/Adoption Order
  ☐ Foster Care Agreement/Court Order
  ☐ Other (Specify): ______________________________________

☐ Leave is denied – Employee did not provide Supporting Documentation. Date: _____/_____/_____