



Paid Parental Leave Request Form
University Staff

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 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.

PART I: To be completed by EMPLOYEE

Request Type: [ ] Initial Request [ ] Revised Previous Request
Type of Leave Requested: [ ] Birth [ ] Adoption [ ] Foster/Custodial Placement

Employee Name: \_\_\_\_\_ University ID #: \_\_\_\_\_
School/Unit: [ ] Academic Division [ ] College at Wise Job Title: \_\_\_\_\_
University Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_
Supervisor Name: \_\_\_\_\_ Supervisor University Phone: \_\_\_\_\_
Supervisor Email: \_\_\_\_\_

Time Off Request

[ ] I am requesting eight (8) weeks of continuous Paid Parental Leave with an anticipated start date of \_\_\_\_/\_\_\_\_/\_\_\_\_ and end date of \_\_\_\_/\_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

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.

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 UVA HR website and that I will provide the required documentation and other information as may be requested.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>PART II: To be completed by UVA HUMAN RESOURCES</b>	
Date Request Received: ____/____/____	
Employee Name: _____	University ID No.: _____
<b>Eligibility</b>	<input type="checkbox"/> 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. <input type="checkbox"/> Employed in a benefits eligible 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/custodial parent(s).
<b>Pending Approval</b>	<input type="checkbox"/> Leave is approved pending receipt of documentation. Date: ____/____/____
<b>Denial</b>	<input type="checkbox"/> 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. <input type="checkbox"/> 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). <input type="checkbox"/> Leave is denied – Employee has exhausted all available Paid Parental Leave. <div style="text-align: right; margin-top: 5px;">           Dates of 1<sup>st</sup> Paid Parental Leave: ____/____/____ to ____/____/____            Dates of 2<sup>nd</sup> Paid Parental Leave: ____/____/____ to ____/____/____         </div>
<b>Secondary Action</b>	<input type="checkbox"/> Leave is approved as requested. Date: ____/____/____ <input type="checkbox"/> Supporting Documentation received. Date: ____/____/____ Supporting Documentation: <input type="checkbox"/> Birth Certificate or Hospital Birth Confirmation <input type="checkbox"/> Custody/Adoption Order <input type="checkbox"/> Foster Care Agreement/Court Order <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Leave is denied – Employee did not provide Supporting Documentation. Date: ____/____/____
<b>Human Resources Follow – Up:</b> <input type="checkbox"/> Date of Birth or Adoption: ____/____/____ <input type="checkbox"/> Date of Foster/Custodial Placement: ____/____/____ Is the employee eligible for FMLA Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Begin Date: ____/____/____ to End Date: ____/____/____ This leave counts toward the employee’s FMLA entitlement: <input type="checkbox"/> Yes <input type="checkbox"/> No During this leave the employee will use approximately _____ weeks of their twelve (12) week FMLA entitlement and will have ____ weeks of entitlement remaining for use on a rolling 12 month basis.	
Printed Name (UVA Human Resources Representative): _____	
Signature: _____	Date: ____/____/____