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

<table>
<thead>
<tr>
<th>Request Type: ☐ Initial Request ☐ Revised Previous Request</th>
<th>Type of Leave Requested: ☐ Birth ☐ Adoption ☐ Foster/Custodial Placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Name: ____________________________</td>
<td>University ID #: ____________________________</td>
</tr>
<tr>
<td>School/Unit: ☐ Academic Division ☐ College at Wise</td>
<td>Job Title: ____________________________</td>
</tr>
<tr>
<td>University Phone: _______________</td>
<td>Other Phone: _______________ Email: ____________________________</td>
</tr>
<tr>
<td>Supervisor Name: ____________________________</td>
<td>Supervisor University Phone: ____________________________</td>
</tr>
<tr>
<td>Supervisor Email: ____________________________</td>
<td></td>
</tr>
</tbody>
</table>

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: ____________________________
## PART II: To be completed by UVA HUMAN RESOURCES

**Date Request Received:** ______/_____/_____

**Employee Name:** __________________________________________

**University 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: ______/_____/_____

### Human Resources Follow – Up

- [ ] Date of Birth or Adoption: ______/_____/_____
- [ ] Date of Foster/Custodial Placement: ______/_____/_____

**Is the employee eligible for FMLA Leave?**
- [ ] Yes  [x] No
  - If yes, Begin Date: ___/___/____  to  End Date: ___/___/____

**This leave counts toward the employee's FMLA entitlement:**
- [ ] Yes  [x] 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: ___/___/____

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