



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 hr.virginia.edu/hr-for-you/university-staff-policies-procedures.

PART I: To be completed by EMPLOYEE

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| 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"/> Foster/Custodial Placement |
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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: _____

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: _____

(Birth Mother Only) Are you taking Short-term Disability prior to Paid Parental Leave? Yes No

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

Employee Signature: _____

Date: _____



Paid Parental Leave Request Form

PART II: To be completed by HUMAN RESOURCES

Date Request Received: ____/____/____

Employee Name: _____

Health System ID No.: _____

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| Eligibility | <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). |
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| Pending Approval | <input type="checkbox"/> Leave is approved pending receipt of documentation. Date: ____/____/____ |
|-------------------------|---|

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| Denial | <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. <p style="text-align: center;"> Dates of 1st Paid Parental Leave: ____/____/____ to ____/____/____ Dates of 2nd Paid Parental Leave: ____/____/____ to ____/____/____ </p> |
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|-------------------------|---|
| Secondary Action | <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: ____/____/____ |
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Human Resources Follow – Up:

Date of Birth or Adoption: ____/____/____ Date of Foster/Custodial Placement: ____/____/____

Is the employee eligible for FMLA Leave? Yes No If yes, Begin Date: ____/____/____ to End Date: ____/____/____

This leave counts toward the employee’s FMLA entitlement: Yes 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 (Human Resources Representative): _____

Signature: _____

Date: ____/____/____