



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

PART I: To be completed by EMPLOYEE

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: _____ **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: _____

(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 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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PART II: To be completed by UVA HUMAN RESOURCES

Date Request Received: ___/___/___

Employee Name: _____

University ID No.: _____

Eligibility section with checkboxes for FMLA eligibility, benefits eligible position, and biological/adoptive/foster parent status.

Pending Approval section with checkbox for leave approved pending documentation and a date field.

Denial section with checkboxes for denial reasons (not eligible, not in benefits position, exhausted leave) and date fields for paid parental leave.

Secondary Action section with checkboxes for approved as requested, supporting documentation received, and denied due to missing documentation.

Human Resources Follow - Up:

Checkboxes for Date of Birth or Adoption and 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 (UVA Human Resources Representative): _____

Signature: _____

Date: ___/___/___