



# STAFF PARENTAL LEAVE REQUEST

(revised 8/2019)

Please submit as much in advance of the intended absence as possible (at least 60 days in advance, except in extenuating circumstances).

---

## EMPLOYEE INFORMATION

---

NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

CHILD'S DATE OF BIRTH: \_\_\_\_\_

START DATE OF LEAVE: \_\_\_\_\_

RETURN TO WORK DATE: \_\_\_\_\_

---

## APPROVALS

---

I have read the College's Staff Parental Leave Policy in the Employee Guide and attest under the Honor Code that I am the biological or adoptive parent of a new-born or newly-adopted child. I understand that I am responsible for paying for my share of my benefit premiums during my Parental Leave and that I will not accrue vacation time or accumulate sick leave benefits for the duration of the Paid Parental Leave and any accompanying FMLA leave and/or STD-qualifying period.

I agree to provide documentation to Human Resources within 30 days of the birth or adoption (documentation most commonly consists of a birth certificate or appropriate court documents). Finally, I acknowledge that failure to return to work on the date specified above, or another date subsequently arranged and approved in writing by the college, will be treated as a voluntary resignation of my employment with the college.

DATE: \_\_\_\_\_ EMPLOYEE: \_\_\_\_\_

DATE: \_\_\_\_\_ MANAGER: \_\_\_\_\_