

# PAID PARENTAL LEAVE – REQUEST FORM



## EMPLOYEE INFORMATION

Employee Name:	
Employee Email:	
Employee Phone:	
Employee ID#:	
Supervisor Name:	
Supervisor Email:	

## A. LEAVE REQUEST: REQUESTED FMLA START DATE: \_\_\_\_\_ REQUESTED FMLA END DATE: \_\_\_\_\_

<b>RECUPERATION LEAVE REQUEST</b> <i>For birth mother only; must occur in the four weeks immediately following birth</i>	Expected Start Date		Expected End date	
<b>BONDING LEAVE REQUEST</b> <i>The four consecutive weeks of leave must occur within the first 12 months following the date of birth, adoption/foster care placement</i>	Expected Start Date		Expected End date	

## B. DOCUMENTATION REQUIREMENTS (attach to form)

QUALIFYING EVENT	EXAMPLES: Parental Leave Documentation (only one document required)
Adoption	Adoption Order, Proof of Placement
Birth	Birth Certificate, (or Report of Stillbirth), Certified DNA Results, Custody Order
Foster Placement	Foster Care Placement Agreement, Custody Order, Proof of Placement
Other Legal Placements	Custody Order, Proof of Placement

## C. EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that I meet the following requirements under the Paid Parental Leave program and that I have, or will become a parent by childbirth, adoption, foster care placement, or other legal placement, or that I am or will stand in loco parentis for a child. I acknowledge that the information provided above and with this request form is accurate. I understand that any falsification of information may leave to appropriate administrative action, up to and including dismissal.

Employee's Signature:		Date:	
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## D. SUPERVISOR ACKNOWLEDGEMENT

Supervisor Signature:		Date:	
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## E. FOR HR OFFICE USE ONLY

Paid Parental Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	HR Signature:		Date:	
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RETURN COMPLETED FORMS TO:	<p>UNCG Benefits  <a href="mailto:benefits@uncg.edu">benefits@uncg.edu</a>                      Phone (336) 334-5009                      Fax (336) 334-5585</p>
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