

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: _____

RECUPERATION LEAVE REQUEST <i>For birthing parent only; must occur in the four weeks immediately following birth</i>	Expected Start Date		Expected End date	
BONDING LEAVE REQUEST <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

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

RETURN COMPLETED FORMS TO:

UNCG Benefits
benefits@uncg.edu
Phone (336) 334-5009
Fax (336) 334-5585