



REQUEST FOR PARENTAL LEAVE

| EMPLOYEE INFORMATION | |
|---|--|
| NAME: _____ PHONE: _____ UR ID NUMBER: _____ | DEPARTMENT: _____ SUPERVISOR: _____ |
| REASON FOR LEAVE * | DATES OF LEAVE |
| <p>Parental <i>Continuous leave: 8 weeks for staff; 1 semester for faculty</i></p> <p>Please check one:</p> <p>Employee Birth of Child</p> <p>Spouse/Partner Birth of Child</p> <p>Placement of a Child (Adoption/Foster Care)</p> <p>Anticipated Date of Birth or Placement: _____</p> | <p>Expected Begin Date of Leave _____</p> <p>Expected End Date of Leave _____</p> |
| Comments: _____ | |
| EMPLOYEE SIGNATURE: _____ | DATE: _____ |
| HUMAN RESOURCES DEPARTMENT USE ONLY | |
| <p style="text-align: center;"><u>ELIGIBILITY</u></p> <p>12 months service? 1250 hrs worked / 12 months? Medical Certification complete? FML Approved?</p> <p style="text-align: center;">_____ weeks or _____ hours</p> | <p style="text-align: center;"><u>PREVIOUS FML TIME</u></p> <p>Previous FML time used during last 12 month period? Yes No</p> <p style="text-align: center;">_____ week / hours</p> |
| HR REPRESENTATIVE: _____ | DATE: _____ |

Please complete this form and return it to HR via campus mail; fax (804) 287-1282;
 or scan and email to URHR@richmond.edu.
 Once the form has been received, an HR Representative will contact you with next steps.