



REQUEST FOR PARENTAL AND MEDICAL LEAVE

EMPLOYEE INFORMATION	
NAME:	UR ID NUMBER:
PHONE:	DEPARTMENT:
	SUPERVISOR:
REASON FOR LEAVE	DATES OF LEAVE
<p>Please check one:</p> <p><input type="checkbox"/> <i>Parental- Continuous leave- 8 weeks for staff; 1 semester for faculty</i></p> <p><input type="checkbox"/> <i>Employee Birth of Child</i></p> <p><input type="checkbox"/> <i>Spouse/Partner Birth of Child</i></p> <p><input type="checkbox"/> <i>Placement of a Child (Adoption/Foster Care)</i></p> <p style="padding-left: 20px;"><i>Anticipated Date of Birth or Placement: _____</i></p> <p>Medical</p> <p style="padding-left: 20px;"><i>Child, Spouse, or Parent Serious Health Condition</i></p> <p style="padding-left: 40px;"><i>Family Member's Full Name: _____</i></p> <p style="padding-left: 40px;"><i>Relationship: Child Spouse Parent</i></p> <p><i>Employee Serious Health Condition</i></p> <p><i>Qualifying Military Exigency</i></p> <p><i>Covered Servicemember</i></p>	<p><i>Expected Begin Date of Leave _____</i></p> <p><i>Expected End Date of Leave _____</i></p> <p><input type="checkbox"/> <i>Intermittent- Leave taken in separate blocks of time for a single illness or injury</i></p> <p><i>Requested Intermittent Schedule (if known):</i></p> <p>_____</p> <p>_____</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.