**Requests must be made, if practical, at least 30 days prior to the date the requested leave is to begin**.

Request Date

Name       ID

Title

Department

Hire Date       Employment Status: [ ]  Full-time [ ]  Part-time [ ]  Temporary

This benefit is available to employees who are regularly scheduled to work 1560 hours or more per year and have completed at least one year of employment with the University.

[ ]  I certify that I am regularly scheduled to work 1560 hours or more per year.

Hire Date      /     /

***(For Benefits Manager Use Only)***

 Actual Date of Birth:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request paternity leave for one or more of the following reasons:

[ ]  Due to the birth and care of my child.

Anticipated Date of Birth:      /     /

Leave Start Date:      /     /

Expected Return Date:      /     /

[ ]  Due to the placement of a child with me for adoption or foster care.

Date of Placement:      /     /

Leave Start Date:      /     /

Expected Return Date:      /     /

I have notified my supervisor of my need for paternity leave: [ ]  Yes [ ]  No

Supervisor Name

*Supervisor’s signature is not required however you must inform supervisor of your leave request.*

Employee Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HR Leave Approval**Human Resources Signature Date

|  |  |
| --- | --- |
| Comments: |  |

**Payroll Instructions**[ ]  With pay from to under the Paternity Leave Policy[ ]  Without pay from to under FMLA

|  |  |
| --- | --- |
| Comments: |  |

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