Parental Leave Request Form

This request should be made at least thirty (30) Days in advance of the date on which you wish to start Paid Parental Leave or as soon as is practical. The University recognizes that adoption and foster care/custodial placement processes and other extenuating circumstances may make advance notice difficult to provide and may grant exceptions to this requirement in such cases. If your spouse is also an eligible University employee, they will need to complete a separate Paid Parental Leave Request Form. Further information on Paid Parental Leave, including the terms and conditions, can be found at https://www.mtu.edu/hr/current/benefits/time-off/

Section I: Employee Information

To be completed by EMPLOYEE

Employee Name: ___________________________ M#: ___________________________________________

Department: _______________________________ Job Title: ___________________________________________

University Phone: _______________ Other Phone: ____________ Email: __________________________

Supervisor Name: __________________________ Supervisor Phone: __________________________

Supervisor Email: __________________________

Reason for Requesting Leave:

☐ Birth of a child – Expected Date of Birth: ________________________________

☐ Adoption of a child – Expected Date of Placement: ________________________________

☐ Foster/Custodial Placement of a child – Expected Date of Placement: ________________________________

Documentation must be submitted within thirty (30) calendar days of Birth, Adoption or Placement date.

- For a Birth, documentation proving eligibility for Paid Parental Leave (Birth Certificate or Hospital Birth Confirmation) required.
- For an Adoption, documentation from a Court Agency and/or Attorney (Custody/Adoption Order) required.
- For Foster Care/Custodial Placement, government-issued or legal document dated and signed by a court official.
SECTION II: Time Off Request

Time Off Request: STAFF

☐ I am the birth mother or primary caregiver and am requesting a maximum of six (6) weeks of continuous Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____
  • Are you also requesting an additional six (6) weeks of FMLA? Yes: ☐ No: ☐

☐ I am the birth mother or primary caregiver and am requesting a part-time return to work schedule that equates to a maximum of six (6) weeks of Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____
  • Include a written plan for requested part-time return to work schedule.

☐ I am a non-birth mother or non-primary caregiver and am requesting a maximum of two (2) weeks of Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____

Time Off Request: TENURED/TENURE-TRACK FACULTY

☐ I am the birth mother or primary caregiver and am requesting a maximum of six (6) weeks of continuous Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____
  • Are you also requesting an additional six (6) weeks of FMLA? Yes: ☐ No: ☐
  Note: Service, research, and graduate student supervision are not required during Parental Leave; however, the faculty member may choose to continue to pursue such duties, make selection below.

Select Option(s) Below

☐ I choose not to continue with student supervision, research or service during parental leave
  -OR-

☐ I choose to continue with the following during my parental leave
  □ Student Supervision
  □ Research
  □ Service
  □ Other: _________________________________

☐ I am the birth mother or primary caregiver and am requesting a leave of absence for one semester at full pay while being relieved of all teaching duties (centrally funded) with an anticipated start date of ___/___/____ and end date of ___/___/____
  Note: Research and graduate student supervision is expected for a full semester parental leave, as the parental leave is fully paid for a full semester. Service is not required; however, the faculty member may choose to pursue such duties, make selection below.

Select Option(s) Below

☐ I choose not to continue with student supervision, research or service during parental leave
  -OR-

☐ I choose to continue with the following during my parental leave
  □ Student Supervision
  □ Research
  □ Service
  □ Other: _________________________________

☐ I am a non-birth mother or non-primary caregiver and am requesting a maximum of two (2) weeks of Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____
Time Off Request: NON-TENURE-TRACK ON CONTINUING OR ROLLING CONTRACT

☐ I am the birth mother or primary caregiver and am requesting a maximum of six (6) weeks of continuous Paid Parental Leave with an anticipated start date of ___/___ and end date of ___/___/____. Note: Service, research, and graduate student supervision are not required during Parental Leave; however, the faculty member may choose pursue such duties, make selection below.
  • Are you also requesting an additional six (6) weeks of FMLA? Yes: ☐ No: ☐

Select Option(s) Below

☐ I choose not to continue with student supervision, research or service during parental leave
  -OR-

☐ I choose to continue with the following during my parental leave
  □ Student Supervision
  □ Research
  □ Service
  □ Other: _________________________________

☐ I am the birth mother or primary caregiver and am requesting a leave of absence for one semester at 50% pay while being relieved of all teaching duties (centrally funded) with an anticipated start date of ___/___/____ and end date of ___/___/____. Note: Research and graduate student supervision is expected for a full semester parental leave, as the parental leave is fully paid for a full semester. Service is not required; however, the faculty member may choose pursue such duties, make selection below.

Select Option(s) Below

☐ I choose not to continue with student supervision, research or service during parental leave
  -OR-

☐ I choose to continue with the following during my parental leave
  □ Student Supervision
  □ Research
  □ Service
  □ Other: _________________________________

☐ I am the birth mother or primary caregiver and am requesting a part-time return to work schedule that equates to a maximum of six (6) weeks of Paid Parental Leave with an anticipated start date of ___/___/____ and end date of ___/___/____.

☐ I am a non-birth mother or non-primary caregiver and am requesting a maximum of two (2) weeks of Paid Parental Leave with an anticipated start date of ___/___/___ and end date of ___/___/___

Employee Affirmation

I affirm that the information provided on this form is complete and accurate. I acknowledge that I have read and understand the Paid Parental Leave information available to me on the Michigan Tech HR website and that I will provide the required documentation and other information as may be requested.

Employee Signature: _______________________________  Date: _______________________________
### Parental Leave Request Form

**PART II: To be completed by BENEFIT SERVICES**

Date Request Received: _____ / _____ / _____

Employee Name: ____________________ Supervisor: ____________________ M#: ____________________

<table>
<thead>
<tr>
<th>Eligibility</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Employed in a benefits eligible position upon the birth, adoption or placement of a child(ren)</td>
<td></td>
</tr>
<tr>
<td>☐ Employee is the biological parent(s), adoptive parent(s) or foster/custodial parent(s)</td>
<td></td>
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<table>
<thead>
<tr>
<th>Leave Details (Select all that apply)</th>
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</thead>
<tbody>
<tr>
<td>☐ Up to 6 (six) weeks of Parental Leave and 6 (six) weeks of FMLA Leave is approved as requested. Date: _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>☐ Up to 6 weeks of Parental Leave only is approved. Date: _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>☐ Additional 6 (six) weeks leave with FMLA leave is denied – Not eligible for FMLA. Employee has not been employed for twelve (12) consecutive months and has not worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child(ren).</td>
<td></td>
</tr>
<tr>
<td>☐ Non-FMLA up to an additional 6 weeks of leave is approved with supervisor approval (unpaid/vacation/sick/personal/etc.) . Date: _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>☐ Up to two (2) weeks of Parental Leave is approved. Date: _____ / _____ / _____</td>
<td></td>
</tr>
<tr>
<td>☐ Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child.</td>
<td></td>
</tr>
</tbody>
</table>

**Human Resources Follow – Up:**

☐ Date of Birth or Adoption: _____ / _____ / _____  ☐ Date of Foster/Custodial Placement: _____ / _____ / _____

Is the employee eligible for FMLA Leave? ☐ Yes ☐ No If yes, Begin Date: _____ / _____ / _____ to End Date: _____ / _____ / _____

If the employee is not eligible for FMLA, is the employee taking non-FMLA leave in addition to Paid Parental Leave?  ☐ Yes ☐ No If yes, Begin Date: _____ / _____ / _____ to End Date: _____ / _____ / _____

**Faculty Duties Election: (Tenured/Tenure Track & Non-Tenure Track)**

☐ IS NOT continuing with student supervision, research or service during parental leave

☐ IS continuing with the following during parental leave as agreed upon with supervisor

☐ Student Supervision

☐ Research

☐ Service

☐ Other: __________________________________________

Printed Name (Human Resources Representative): ____________________________

Signature: __________________________________________ Date: _____ / _____ / _____

**Benefits Services Use ONLY:**

☐ PEALEAV Date Entered: _________________

☐ PEAREVW Date Entered: _________________

Birth Certificate, Government or Court Document Received Date: __________________________