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: ___________________________ University 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 _____/_____/______

☐ 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 continuous 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 _____/_____/______
   - 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, see Section III

☐ 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, see Section III

☐ 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 continuous 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 ____/____/____.

☐ 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: Service, research, and graduate student supervision are not required during Parental Leave; however, the faculty member may choose pursue such duties, see Section III

☐ 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 continuous Paid Parental Leave with an anticipated start date of ___/____/____ and end date of ____/____/____.

**SECTION III:**

**Staff**

- Meet with Benefit Services
- Submit written request for medical leave to supervisor with anticipated dates of leave
- Parental leave will run concurrent with the FMLA, if the Eligible Employee meets the eligibility requirements of the FMLA. Benefit Services will verify and confirm in writing to the employee their eligibility for coverage under FMLA.

  ➢ You may be eligible for an additional 6 (six) weeks of unpaid medical leave under the FMLA. Discuss options with Benefit Services if you are interested in an additional 6 (six) weeks at the conclusion of the 6 (six) weeks of parental leave

**Tenured/Tenure Track Faculty**

- Meet with Benefit Services
- Submit written request for medical leave to supervisor with anticipated dates of leave
- Parental leave will run concurrent with the FMLA, if the Eligible Employee meets the eligibility requirements of the FMLA. Benefit Services will verify and confirm in writing to the employee their eligibility for coverage under FMLA.
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: _________________________________

Non-Tenure Track Faculty on Continuing or Rolling Contracts

• Meet with Benefit Services

• Submit written request for medical leave to supervisor with anticipated dates of leave

• Parental leave will run concurrent with the FMLA, if the Eligible Employee meets the eligibility requirements of the FMLA. Benefit Services will verify and confirm in writing to the employee their eligibility for coverage under FMLA.

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: _________________________________

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**

<table>
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<tr>
<th>Date Request Received:</th>
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<tr>
<th>Employee Name:</th>
<th>M#</th>
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### Eligibility

- [ ] Employed in a benefits eligible position upon the birth, adoption or placement of a child(ren)
- [ ] Employee is the biological parent(s), adoptive parent(s) or foster/custodial parent(s).

### Leave Details

(Select all that apply)

- [ ] Up to 6 (six) weeks of Parental Leave and 6 (six) weeks of FMLA Leave is approved as requested. Date: __/__/____
- [ ] 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).
- [ ] Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child.

### Secondary Action

- [ ] Supporting Documentation received Date: __/__/____

Supporting Documentation:

- [ ] Birth Certificate or Hospital Birth Confirmation
- [ ] Custody/Adoption Order
- [ ] Foster Care Agreement/Court Order
- [ ] Other (Specify): ________________________________
- [ ] Leave is denied – Employee did not provide Supporting Documentation. Date: __/__/____

### Human Resources Follow – Up:

- [ ] Date of Birth or Adoption: __/__/____  [ ] Date of Foster/Custodial Placement: __/__/____

Is the employee eligible for FMLA Leave? [ ] Yes [ ] No  [ ] Date of Foster/Custodial Placement: __/__/____

If yes, Begin Date: __/__/____ to End Date: __/__/____

This leave counts toward the employee’s FMLA entitlement: [ ] Yes [ ] No

During this leave the employee will use approximately __________ weeks of their twelve (12) week FMLA entitlement and will have _______ weeks of entitlement remaining for use on a rolling 12 month basis.

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: __/__/____