

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ **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 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, 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 leave under the Family and Medical Leave Act (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

<b>PART II: To be completed by BENEFIT SERVICES</b>	
Date Request Received: ____/____/____	
Employee Name: _____	M#: _____
<b>Eligibility</b>	<input type="checkbox"/> Employed in a benefits eligible position upon the birth, adoption or placement of a child(ren) <input type="checkbox"/> Employee is the biological parent(s), adoptive parent(s) or foster/custodial parent(s).
<b>Leave Details</b> (Select all the apply)	<input type="checkbox"/> Up to 6 (six) weeks of Parental Leave and 6 (six) weeks of FMLA Leave is approved as requested. Date: ____/____/____ <input type="checkbox"/> Up to 6 weeks of Parental Leave <b>only</b> is approved. Date ____/____/____ <input type="checkbox"/> 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). <input type="checkbox"/> Up to an additional 6 weeks of leave is approved with supervisor approval (unpaid/vacation/sick/personal/etc.) . Date: ____/____/____ <input type="checkbox"/> Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child.
<b>Secondary Action</b>	<input type="checkbox"/> Supporting Documentation received Date: ____/____/____ Supporting Documentation: <input type="checkbox"/> Birth Certificate or Hospital Birth Confirmation <input type="checkbox"/> Custody/Adoption Order <input type="checkbox"/> Foster Care Agreement/Court Order <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Leave is denied – Employee did not provide Supporting Documentation.   Date: ____/____/____
<b>Human Resources Follow – Up:</b>	
<input type="checkbox"/> Date of Birth or Adoption: ____/____/____ <input type="checkbox"/> Date of Foster/Custodial Placement: ____/____/____ Is the employee eligible for FMLA Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Begin Date: ____/____/____ to End Date: ____/____/____ This leave counts toward the employee’s FMLA entitlement: <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Begin Date: ____/____/____ to End Date: ____/____/____	
<b>Faculty Duties Election: (Tenured/Tenure Track &amp; Non-Tenure Track)</b>	
<input type="checkbox"/> <b>IS NOT</b> continuing with student supervision, research or service during parental leave <input type="checkbox"/> <b>IS</b> continuing with the following during parental leave as agreed upon with supervisor <ul style="list-style-type: none"> <li><input type="checkbox"/> Student Supervision</li> <li><input type="checkbox"/> Research</li> <li><input type="checkbox"/> Service</li> <li><input type="checkbox"/> Other: _____</li> </ul>	
Printed Name (Human Resources Representative): _____	
Signature: _____	Date: ____/____/____