

Department of Human Resources
 University of Maryland, Baltimore County
 1000 Hilltop Circle
 Administration Building, 5th Floor
 Baltimore, Maryland 21250

GENERAL INFORMATION: 410-455-2337
 FAX: 410-455-1064
 VOICE/TTY: 410-455-3233
 www.umbc.edu

STAFF REQUEST FOR PARENTAL LEAVE

The Parental Leave Policy for staff is in Section VII.7.49 of the UMBC Policies website (www.umbc.edu/policies).

PART I: To be completed by the Employee			
Employee Name:			Empl ID #:
Date of UMBC Employment:	Total Years of UMBC Service:	Job Title:	Department:
Date Leave is to Begin:		Probable Date of Return to Work:	Number of Days Requested:
If no medical documentation is attached, has FML (Family & Medical Leave) paperwork been submitted to Human Resources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>The purpose of parental leave is to support eligible staff in balancing professional and family demands during and after the birth or adoption of a child. Eligible staff may receive up to eight (8) weeks (40 work days)* of paid maternity/paternity leave. Parental Leave will consist of any form of leave the employee has accrued and earned as well as leave that may be granted by UMBC.</p> <p>I, _____, have read and understand the Parental Leave Policy.</p> <p style="text-align: right;">Employee's Signature: _____ Date: _____</p>			

PART II: To be completed by the Department (Supervisor or Department Head)
<p>1. Date on which all earned and approved leave will be exhausted (all paid leave including annual, sick, personal, compensatory time, advanced sick leave and/or leave reserve must be exhausted before parental leave will be granted): Month _____ Day _____ Year _____</p> <p>2. Has the employee been granted Parental Leave by the University previously? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. If Yes, when and how long?</p> <p>I, _____ the supervisor or department head, <input type="checkbox"/> approve <input type="checkbox"/> do not approve* of the employee's request for parental leave. (please print name)</p> <p style="text-align: right;">Supervisor's Signature: _____ Date: _____</p> <p>*If the supervisor/department head does not approve the request, written justification and documentation must be attached for review by the HR Department.</p>

PART III: To be completed by Human Resources
<p>Confirmed: <input type="checkbox"/> Service Date <input type="checkbox"/> Employment Status <input type="checkbox"/> Prior leave request(s)</p> <p>Leave Status: As of _____</p> <p>Annual: _____ Sick: _____ Personal: _____ Comp.: _____ Other (Please Specify): _____</p> <p>Notes: _____</p> <p>Reviewer's Signature: _____ Date: _____</p>

<p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Provide Reason): _____</p> <p>Signature of Human Resources' Designee: _____ Date: _____</p> <p><input type="checkbox"/> Notification Sent To Department _____ Date Sent: _____</p>
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