# 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](http://www.umbc.edu/policies)).

## PART I: To be completed by the Employee

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Empl ID #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of UMBC Employment:</td>
<td>Total Years of UMBC Service:</td>
</tr>
<tr>
<td>Date Leave is to Begin:</td>
<td>Probable Date of Return to Work:</td>
</tr>
<tr>
<td>Number of Days Requested:</td>
<td></td>
</tr>
</tbody>
</table>

If no medical documentation is attached, has FML (Family & Medical Leave) paperwork been submitted to Human Resources?  
Yes  No

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.

I, [employee name], have read and understand the Parental Leave Policy.

Employee’s Signature: ________________________  Date: ______________

## PART II: To be completed by the Department (Supervisor or Department Head)

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
2. Has the employee been granted Parental Leave by the University previously?  
   Yes  No
3. If Yes, when and how long?

   I, [supervisor or department head name], [approve] [do not approve]* of the employee’s request for parental leave.

   Supervisor’s Signature: ________________________  Date: ______________

*If the supervisor/department head does not approve the request, written justification and documentation must be attached for review by the HR Department.

## PART III: To be completed by Human Resources

Confirmed:  
Service Date  Employment Status  Prior leave request(s)

Leaves Status: As of ________________

Annual: _____  Sick: _____  Personal: _____  Comp.: _____  Other (Please Specify): ________________

Notes: 

Reviewer’s Signature: ________________________  Date: ______________

[Approved] [Not Approved (Provide Reason): ________________]

Signature of Human Resources’ Designee: ________________________  Date: ______________

[Notification Sent To Department] [Date Sent: ______________]