

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

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).

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

PART I: To be completed by the 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:
<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.</p> <p style="text-align: center;">(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
Confirmed: <input type="checkbox"/> Service Date <input type="checkbox"/> Employment Status <input type="checkbox"/> Prior leave request(s)
Leave Status: As of _____
Annual: ____ Sick: ____ Personal: ____ Comp.: ____ Other (Please Specify): _____
Notes: _____
Reviewer's Signature: _____ Date: _____
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved (Provide Reason): _____
Signature of Human Resources' Designee: _____ Date: _____
<input type="checkbox"/> Notification Sent To Department Date Sent: _____