

Fill and Print

**SAINT FRANCIS UNIVERSITY
REQUEST TO RECEIVE PARENTAL LEAVE**

Employee Name: _____

Employee Last 4 digits SS# _____ Department: _____

Per approved FMLA family leave, I am providing a child's birth certificate, court documentation of child's adoption or placement of foster care with this request.

I am requesting donations for taking up to a maximum of 12 weeks of leave, to cover future absence(s) due to the birth, adoption or placement of foster care of my child/children. The requested donations will exceed my earned time off, as required by the Parental Leave Policy.

This leave will cover the period from _____ to _____.
mm/dd/yyyy mm/dd/yyyy

Date

mm/dd/yyyy

Employee Signature

HUMAN RESOURCE OFFICE USE ONLY

Request received in HR Office on _____.

- Recipient is a full-time University employee and has completed at least one year of full time employment.
- The absences were for the recipient or recipient's spouse.
- Physician medical certification statement or adoption paperwork has been received.

_____ Date when all accrued earned time off will be (or has been) exhausted.

APPROVED

NOT APPROVED -- Reason:

Date

Director of Human Resources