

# Parental Leave Request Form

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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/>

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## Section I: Employee Information

To be completed by EMPLOYEE

Employee Name: \_\_\_\_\_ M#: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

University Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_

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### 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: \_\_\_\_\_

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**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.
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## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_
- Are you also requesting an additional six (6) weeks of FMLA? Yes:  No:
- 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 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, make selection below.
- Are you also requesting an additional six (6) weeks of FMLA? Yes:  No:

#### 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: \_\_\_\_\_
- 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, make selection below.

#### 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: \_\_\_\_\_
- 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 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, make selection below.

- Are you also requesting an additional six (6) weeks of FMLA? Yes:  No:

### 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: \_\_\_\_\_

- 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, make selection below.

### 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: \_\_\_\_\_

- 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 Paid Parental Leave with an anticipated start date of \_\_\_/\_\_\_/\_\_\_ and end date of \_\_\_/\_\_\_/\_\_\_

## 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

## PART II: To be completed by BENEFIT SERVICES

Date Request Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_ M#: \_\_\_\_\_

**Eligibility**

- Employed in a benefits eligible position upon the birth, adoption or placement of a child(ren)
- Employee is the biological parent(s), adoptive parent(s) or foster/custodial parent(s).

**Leave Details**  
(Select all the apply)

- Up to 6 (six) weeks of Parental Leave and 6 (six) weeks of FMLA Leave is approved as requested. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leave for 1 (one) semester, Faculty Only : Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Up to 6 weeks of Parental Leave **only** is approved. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- 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).
- Non-FMLA up to an additional 6 weeks of leave is approved with supervisor approval (unpaid/vacation/sick/personal/etc.) . Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Up to two (2) weeks of Parental Leave is approved. Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child.

**Human Resources Follow – Up:**

- Date of Birth or Adoption: \_\_\_\_/\_\_\_\_/\_\_\_\_       Date of Foster/Custodial Placement: \_\_\_\_/\_\_\_\_/\_\_\_\_
- Is the employee eligible for FMLA Leave?  Yes  No    If yes, Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
- If the employee is not eligible for FMLA, is the employee taking non-FMLA leave in addition to Paid Parental Leave?  
 Yes  No    If yes, Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Faculty Duties Election: (Tenured/Tenure Track & Non-Tenure Track)**

- IS NOT** continuing with student supervision, research or service during parental leave
- IS** continuing with the following during parental leave as agreed upon with supervisor
  - Student Supervision
  - Research
  - Service
  - Other: \_\_\_\_\_

Printed Name (Human Resources Representative): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Benefits Services Use ONLY:**

- PEAEAV Date Entered: \_\_\_\_\_
- PEAREVW Date Entered: \_\_\_\_\_

Birth Certificate, Government or Court Document Received Date: \_\_\_\_\_