



REQUEST FOR PARENTAL LEAVE

Employee Name: _____ Employee ID #: _____
Department Name: _____ Campus Phone: _____
Employee Email: _____ Home/Cell Phone: _____
☐ Birth–Expected Date of Birth: _____
☐ Adoption–Expected Date of Placement: _____

If other parent is a benefited employee at the University, please identify:

Employee Name: _____ EMPL ID: _____
Requested length of leave, not to exceed 8 weeks paid (if eligible), 12 weeks in total: _____

I certify that I am the legal parent. I further affirm that the information I have provided on this form is accurate and complete. I acknowledge that I have read and understand the Parental Leave Policy available to me on the UD website. I will provide HR Benefits with the required legal documentation within 30 days of birth or adoption. I understand that birth parents must provide a physician's clearance note to return to work.

In the event I do not return to work after my approved leave, I agree to reimburse the University of Delaware for the salary and full cost of benefits I received during my period of Paid Parental Leave (if eligible).

Employee Signature Date

Supervisor Signature Date Supervisor Name (Printed)

Submission: After Supervisor acknowledgement, please submit this form directly to **your department's** Human Resources Manager/Designee.

FOR HUMAN RESOURCES USE ONLY

HR Manager/Designee _____ FMLA documents provided? _____

Benefited for last 12 months? _____

Submit to leavemanagement@udel.edu

HR Manager/HR Designee Date

Leave Management Verified: _____ STD eligible? _____

HR/Benefits Signature Date

Response to employee and HR Manager/Designee ☐