



## Request for Medical Maternity Leave & Associated Parental Leave

Medical Maternity Leave taken in combination with Parental Leave and/or paid vacation are benefits granted to full-time administrative and staff employees following childbirth. Employees who qualify may take no more than 12 weeks of leave before returning to work full-time or terminating employment. Employees who have worked for BYU for at least 12 months within the last 7 years and have worked at least 1250 hours in the 12 months preceding childbirth are also eligible for 12 weeks of unpaid Family and Medical Leave (FMLA). FMLA will run concurrently with paid leave when applicable.

**BYU requires employees to give the Leaves Office at least 30 days' notice** of their request for leave and their employment plans following leave. If unanticipated circumstances prevent the employee from giving 30 days' notice, the employee should notify the Leaves Office as soon as possible. To request leave, complete this form, review your request with your supervisor, and submit the form to Karmen Diaz, maternity.parental.leave@byu.edu or D-243 ASB.

### Employee Information:

Name of employee (last, first, middle)		Employee ID number	Staff or Admin
Department	Supervisor	Anticipated Delivery Date	

### Please indicate your plans following leave:

I intend to return to work following leave	Return to Work Date
I intend to terminate my employment	Termination Date

Medical maternity leave—6 consecutive weeks	Anticipated Start Date
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Parental leave—5 consecutive work days may be used at any time within the first 3 months following birth

Parental leave start date	Parental leave end date	
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I would like to use vacation on a \_\_\_\_\_ part-time or \_\_\_\_\_ full-time basis beginning \_\_\_\_\_ (date) through \_\_\_\_\_ (date).

If I qualify, I would like to use additional unpaid FMLA through \_\_\_\_\_ (date).

### Benefits Participation during Leave

All insurance premiums and other standard deductions will continue to be deducted from the employee's pretax earnings.

### Acknowledgment Signatures

I understand and agree to abide by the terms and conditions associated with the benefits I am requesting. I also understand that I am to perform no work during paid maternity and parental leave and additional unpaid FMLA. I acknowledge that I have notified my supervisor and Human Resource Services of my requested leave. If changes occur that affect my leave, I will immediately notify my supervisor and my HR representative of those changes.

### I understand and agree to abide by these terms:

Employee signature	Date
Supervisor signature	Date
HRS representative signature	Date