



# Request for Medical Maternity Leave & Parental Leave

Medical Maternity Leave taken in combination with Parental Leave is a benefit granted to full-time administrative and staff employees following childbirth. Employees who qualify may take no more than six weeks of medical maternity leave and six weeks of parental leave before returning to work full-time or terminating employment. Employees who have worked for BYU for at least 12 months within the last seven 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. If additional FMLA leave is available after paid leave has been used, then vacation and unpaid FMLA may be taken.

**BYU requires employees to give the Leaves Office at least 30 days' notice prior to the due date of the baby.** If unanticipated circumstances prevent the employee from giving 30 days' notice, the employee should submit this form as soon as possible. To request Maternity Leave and Associated Parental Leave, complete this form, review your request with your supervisor, and submit the form to the Leaves Manager at D-240 ASB or [leavesoffice@byu.edu](mailto:leavesoffice@byu.edu).

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

**Please indicate your plans :**

Medical maternity leave—six consecutive weeks	Anticipated Start Date
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**Parental leave dates (holidays do not extend leave dates):**

<input type="checkbox"/> I intend to take Parental Leave all at once <input type="checkbox"/> I intend to divide Parental Leave into two 3-week increments	Parental leave start date	Parental leave end date
	Parental leave start date	Parental leave end date

**Please indicate your plans following leave:**

<input type="checkbox"/> I intend to return to work following leave	Estimated Return to Work Date
<input type="checkbox"/> I intend to terminate my employment	Estimated Termination 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** (this includes supplemental work). 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