



# Request for Parental Leave Following Childbirth or Adoption Placement

Full-time benefited employees are eligible for six weeks of paid parental leave following the birth or adoption of a child. Employees who have worked for BYU for at least 12 months within the past seven years and have worked at least 1250 hours in the past year are also eligible for up to 12 weeks of unpaid Family and Medical Leave (FMLA). Parental leave and FMLA will run concurrently and may be taken on a full-time basis at any time within the first 12 months following childbirth or adoption placement. An employee who gives birth may take parental leave in addition to medical maternity leave and should apply using the Medical Maternity/Parental Leave form.

**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 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 Birth or Adoption Placement Date

## Please indicate your plans :

I intend to take Parental Leave all at once
I intend to divide Parental Leave into two 3-week increments

## Parental leave dates (holidays do not extend leave dates):

Parental leave start date	Parental leave end date
Parental leave start date	Parental leave end date

If additional FMLA leave is available after paid leave has been used, then vacation and unpaid FMLA may be taken.

I would like to use vacation on a	part-time or	full-time basis beginning _____ (date) through _____ (date).
I would like to use unpaid FMLA beginning _____ (date) 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 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