



Request for Parental Leave Following Childbirth or Adoption

Full-time benefited employees are eligible for one week (5 consecutive days) of paid parental leave following birth or adoption of a child. Employees who have worked for BYU for at least 12 months within the past 7 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 weeks following child birth or adoption. An employee who gives birth may take parental leave in addition to medical maternity leave and should apply using the Medical Maternity and Parental Leave Form.

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 Parental Leave, complete this form, review your request with your supervisor, and submit the form to the **Leaves Manager in the Leaves Office D-253 ASB or maternity.parental.leave@byu.edu**

Employee Information:

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

Please indicate your plans following leave:

I intend to return to work full-time following leave
I intend to terminate employment following leave

Parental leave dates:

Parental leave start date
Parental leave end date

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. 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