



Request for FMLA and Parental Leave – Maternity, Paternity and Adoption

Employee Information	
Name	UID#
Address	City, State, Zip
Email Address	Phone
Department	Work Phone
Supervisor's Name	Supervisor's Phone
Payroll Reporter	Payroll Reporter's Phone

Maternity, Paternity, Adoption Leave	Use of Vacation Accruals
<p>Anticipated Begin Date of Leave:</p> <hr style="border: 1px solid black;"/> <p><i>Leave must be taken in one block of time unless employee's department authorizes use of leave time intermittently. A release to return to work signed by the employee's health care provider must be submitted if employee returns to work before the end of six weeks (vaginal birth) or eight weeks (C-section birth)</i></p>	<p>In accordance with University of Utah Policy, an employee must substitute any accrued paid leave, (e.g., sick and vacation) for any unpaid time under the Family and Medical Leave Act (FMLA), except that an employee may retain up to ten (10) days of vacation leave. Upon exhaustion of any accrued leave, the remainder of any FMLA leave will be unpaid.</p> <p><input type="checkbox"/> I wish to use all available vacation accruals</p> <p><input type="checkbox"/> I wish to retain _____ hours/days (circle one) of vacation</p>

Parental Leave Benefits Application	
<p>Pursuant to Policy 5-200, Leaves of Absence (Health-Related) and Rule 5-200A, eligible University staff employees may receive Parental Leave Benefits as pay for fifty percent (50%) of their regular work hours for a period of up to six (6) weeks to care for a child born or adopted January 1, 2019 or after.</p> <p>Eligible employees should submit this application at least 90 days before the leave is expected to begin.</p>	<p><input type="checkbox"/> I elect to receive six weeks of Parental Leave benefits</p> <p><input type="checkbox"/> I elect to receive _____ weeks of Parental Leave benefits and allow _____, to receive the remaining weeks of Parental Leave Benefits (<i>your spouse or domestic partner must complete a separate request</i>)</p>

Employee Certification

I hereby certify the following:

- I hereby request leave for maternity, paternity or adoption of a child, which qualifies for leave under the Family and Medical Leave Act ("FMLA"). I acknowledge that my Parental Leave and FMLA leave will run concurrently.
- I have been employed for at least the preceding twelve consecutive months in a full-time benefit-eligible position and qualify for both FMLA leave and Parental Leave benefits.
- As required for Parental Leave benefits, I will provide the majority of child contact hours during my regular working hours for my newborn child, my domestic partner's newborn child, or my newly adopted child.
- I understand that in the event that my spouse/domestic partner is also a University employee, either one or the other may receive parental leave benefits or we may divide the benefits between us.
- I understand that I must use accrued sick and vacation leave for regular work hours not paid as a Parental Leave benefit, before taking unpaid leave, except as allowed in policy for saving vacation when taking FMLA leave.
- I understand that the Parental Leave benefit shall begin no sooner than the date of birth (unless the my health care provider certifies that an earlier begin date is medically necessary), or the date of adoption of the child, and that this FMLA leave and Parental Leave benefit shall be completed no more than 12 months following the birth or adoption.
- I understand that in no event will my Parental Leave extend the amount of leave provided under the FMLA.
- I understand that in the event I terminate employment and do not return to work, the amount of the Parental Leave benefit shall be repaid and I hereby authorize the University to deduct the amount from my vacation payout, if any. If I return to work for at least 30 calendar days after my Parental Leave and any subsequent approved leave, I understand that I will not have to repay the Parental Leave benefit.
- I understand that I will be returned to the same position held at the time the leave began or to an equivalent position with equivalent pay, benefits, and working conditions, provided I can perform the essential functions of the position and that I am still subject to a reduction in force (RIF) or reassignment that would have occurred otherwise had I been working.

Signature of Employee

Date

Supervisor Acknowledgement

I have reviewed this Request and discussed the proposed leave with the employee.

My signature confirms my knowledge of the employee's request for FMLA leave and Parental Leave benefits, but does not approve the employee's request.

Replacement Costs (please mark one box below):

- I anticipate that a replacement will need to be paid to cover the employee's work while the employee is out on leave. I agree to report the information to the Absence Management Team to allow them to track replacement costs under the Parental Leave benefit as required by Policy.
- I anticipate that current employees will be able to cover the employee's work while the employee is out on leave. I will notify the Absence Management Team if this changes.

Signature of Supervisor

Date