



PART I: To be Completed by the Employee			
Name:		UID:	
Date of UMCP Employment:	Total Years at UMD	Job Title:	Department:
Anticipated Date of Birth or Adoption:	Date Leave is to Begin:	Probable Return to Work:	Number of Days Requested:
<p>This leave program is governed by <a href="#">UMD VII-7.49A</a> - Policy on Staff Parental Leave and Other Family Supports and other applicable leave policies. The purpose of Parental Leave is to support eligible staff in balancing work and family demands during and after the birth or adoption of a child. Eligible full-time staff may receive up to eight (8) weeks total of paid leave for this purpose, inclusive of all other paid leave available in the following order: sick leave, annual leave, personal leave, holiday leave, advanced sick leave, extended sick leave, leave reserve fund.</p> <p>I, the undersigned staff employee, have read and understand the Policy, and I attest that I am the child's primary caregiver as required by the policy. I further understand that if I receive Advanced Sick Leave as part of this Parental Leave entitlement, it is subject to payback upon my return to work pursuant to <a href="#">USM VII-7.45</a> - Policy on Sick Leave for Exempt and Nonexempt Staff.</p>			
Employee Signature:		Date:	

PART II: To be Completed by the Supervisor or Department Head		
Date on which all earned and approved leave will be exhausted (sick, annual, personal, holiday, advanced sick leave, extended sick leave, leave reserve fund):		
Has the employee been granted Parental Leave by the University previously?		If so, when?
Does the employee have a satisfactory record of sick leave usage?		Work performance?
Years of Institutional Service:	Regular Status	
Date all accrued and available paid leave is exhausted toward this period of Parental Leave:		
How much Advanced Sick Leave was granted?	Extended Sick Leave?	Leave Reserve Fund?
Number of paid Parental Leave days required to meet eight (8) week assurance after existing leave used:		
I, the undersigned supervisor or department head, have reviewed the request for Parental Leave, and am submitting it to University Human Resources for review and final approval pursuant to applicable leave policies:		
Supervisor/Department Head Signature:		Date:

PART III: To be completed by University Human Resources	
UHR Comments:	
Approved by UHR	Date

Return to UHR Office of Staff Relations, 3110 Chesapeake Building