

## Paid Parental Leave Request

### Section I: Employee Information

Employee Name: \_\_\_\_\_ Personnel #: \_\_\_\_\_

Employee Title: \_\_\_\_\_ Department: \_\_\_\_\_

Employee E-Mail Address: \_\_\_\_\_ Employee Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

### Section II: Parental Leave Information

In agreement with the Paid Parental Leave policy (HRO339) I certify that I meet the following eligibility requirements:

- I am the biological parent or adoptive parent.
- I have been employed by the University of Tennessee in a regular position for at least 12 months prior to the birth or adoption of the child.

Requested Parental Leave Dates: First Day of Leave: \_\_\_\_\_ Last Day of Leave \_\_\_\_\_

☐ Birth (Expected Date of Birth: \_\_\_\_\_) ☐ Adoption (Expected Date of Adoption: \_\_\_\_\_)

☐ I plan to take Paid Parental Leave in 6 consecutive weeks (240 hours) within 12 months of the birth/adoption of the child.

☐ I plan to take up to 6 weeks (240 hours) of leave on an intermittent or reduced schedule basis within 12 months of the birth/adoption of the child. I have reviewed this intermittent/reduced schedule with my supervisor.

### Section III: Employee Certification

I understand that within 30 days of the birth or adoption of the child, I must provide the Office of Human Resources with a copy of the child's birth certificate or official documentation of adoption in addition to the FMLA Leave Request form, as applicable.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV: Acknowledgement

The department has been made aware of this Paid Parental Leave request.

Chairperson/Department Head Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Chairperson/Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V: Human Resources Eligibility

The employee \_\_\_\_\_ meets \_\_\_\_\_ does not meet the eligibility criteria.

Human Resources Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit this completed form to Human Resources. CC: Employee and Employee's Department