



Request for Postdoctoral Fellows Parental Leave

Employee Information	
Name	UID#
Address	City, State, Zip
Email Address	Phone
Department and College/Unit	Work Phone
Faculty Advisor's Name	Faculty Advisor's Email
Department Chair's Name	Department Chair's Email
Payroll Reporter	Payroll Reporter's Email
The anticipated / actual date of arrival of my child or the date of placement for adoption or fostering of the child:	

Parental Leave Benefits Application	
<p>Pursuant to Policy 6-309, Academic Staff, Educational Trainees, Postdoctoral Fellows and Medical Housestaff, and Rule 6-309A, Postdoctoral Fellows Parental Leave, eligible University Postdocs may receive Parental Leave Benefits with full pay for a period of up to a total of eight (8) weeks to care for a child born, adopted, or fostered on July 1, 2022 or after. The Postdoc may work part-time during some or all of the parental leave of absence, in which case the parental leave of absence may extend beyond eight calendar weeks; however, the paid leave time under this rule will be limited to the equivalent of eight weeks total.</p> <p>Eligible Postdoctoral Fellows should submit this application at least 12 weeks before the leave is expected to begin or as soon as reasonably possible before an adoption or foster placement.</p>	<p>I elect to receive _____ weeks of full-time paid Parental Leave benefits beginning on _____.</p> <p>I elect to receive _____ weeks of part-time paid Parental Leave benefits beginning on _____.</p> <p>Please attach a copy of written agreement between the Postdoctoral Fellow and Faculty Advisor describing the plan for the Parental Leave.</p> <p><i>(Your spouse or domestic partner must complete a separate request, if eligible)</i></p>

Postdoctoral Fellowship Certification	
<p>Under certain circumstances, externally funded postdoctoral fellowships may require a formal notification and approval from the funding agency for an extension beyond a standard duration, as required by the terms of the fellowship award.</p>	<p>Are you an externally funded Postdoctoral Fellow? YES NO</p> <p>If you are an externally funded Postdoctoral Fellow, does your fellowship allow for parental leave? YES NO</p> <p>Please attach a copy of your fellowship's parental leave policy.</p>

Postdoctoral Fellow Certification

I hereby certify the following:

- I hereby request leave for a birth, adoption, or foster placement of a child, which qualifies for leave under the Postdoctoral Fellow Parental Leave. I acknowledge that my Parental Leave and FMLA (if eligible) leave will run concurrently.
- I understand that the Parental Leave benefit shall begin no sooner than two weeks prior to the expected birth (unless my health care provider certifies that an earlier begin date is medically necessary) or the date of placement for adoption or fostering of the child, and that 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 (if eligible).
- I understand that I shall enter into a written agreement with my faculty advisor that describes my responsibilities and how I will fulfill those responsibilities following a parental leave of absence, including the total length of the leave and whether I will have a period of part-time work during such leave.
- I understand that at the conclusion of this leave I have the right to return to the same position held at the time the leave began with the same rate of pay and benefits as would have been applicable had I not taken a Parental Leave. Failure to resume the duties of the position may result in termination of employment and the loss of pay and benefits.

Signature of Postdoc

Date

Faculty Advisor and Department or Unit Chair/Head Acknowledgement

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

My signature confirms my support for the Postdoc's request for Parental Leave benefits but does not provide final approval for the Postdoc's request.

Signature of Faculty Advisor

Date

Name

Title

Signature of Department or Unit Chair/Head

Date

Name

Title

Office of Postdoctoral Affairs Approval

I have reviewed this Request.

Approved

Not Approved

Signature of the Office for Postdoctoral Affairs Official

Date

Routing Information – FOR OFFICE OF POSTDOCTORAL AFFAIRS USE ONLY!

Copy sent to HR Absence Management Team: initials/date _____

Copy sent to Postdoc's Department (date): _____

Sent to: _____