

PARENTAL LEAVE REQUEST FORM

Please Print, Type or Write Legibly

Select one:
 NEW Leave of Absence
 REVISION of prior request
 EXTENSION of Leave

Section I – To be completed by Employee and forwarded to Supervisor

Employee ID#: _____ Employee Name: _____
Last Name First Name Middle

Department: _____ College/Division: _____

Home Mailing Address: _____
Street Address/PO Box City State Zip

Home Email: _____ Campus Email: _____

Campus Phone #: _____ Home Phone #: _____ Cell Phone #: _____

REASON FOR PARENTAL LEAVE

I or my spouse/partner is pregnant. *A corresponding certification form for the birth mother must be submitted to HR separately.*

I am adopting a baby. *A copy of a Court or Agency document placing a child in your home is required.*

I am fostering a child. *A copy of a Court or Agency document placing a child in your home is required.*

TYPE OF TIME OFF REQUESTED

FULL (CONTINUOUS) LEAVE

REDUCED SCHEDULE LEAVE *(a proposed work schedule must be attached)*
A telecommuting agreement is required to work from home.

Requested Start Date: _____ Requested End Date: _____

I anticipate returning to my normal work schedule and duties on (date) _____ (time) _____.

While not working, I currently plan to use *(check all that apply)*:

Accrued Sick Leave Accrued Annual Leave Compensatory Leave Leave without Pay (LWO)

In-Unit Faculty Paid Parental Leave *(A completed Memo of Understanding (MOU) must be attached.)*

I understand and accept a leave of absence as stated on this page. I further acknowledge that I have read the "Information for Employee on Completion of Parental Leave Request Form" page accompanying this form and I understand all of my leave responsibilities and the information provided therein.

Employee Signature: _____ *Date:* _____

Section II – To be completed by Department then forwarded to UCF HR at loandworkcomp@ucf.edu within 48 hours of receipt

Payroll Processor: _____	Email: _____@ucf.edu
ePAF Processor: _____	Email: _____@ucf.edu
HR Liaison: _____	Email: _____@ucf.edu
Other: _____	Email: _____@ucf.edu
Chair/Supervisor Signature: _____	Date: _____ Extension: _____
Print Name: _____	Email: _____@ucf.edu
Dean/Director Signature: _____	Date: _____ Extension: _____
Print Name: _____	Email: _____@ucf.edu
Optional Extra Dept Signature: _____	Date: _____ Extension: _____
Print Name: _____	Email: _____@ucf.edu

Information for Employee on Completion of Parental Leave Request Form (PLR)

1. Falsification of this request, or any documentation provided to support this request, is cause for immediate dismissal.
2. You must complete all fields and check all appropriate boxes in Section I.
 - a. Above Section I, select the appropriate request type. If you are not already approved for a parental leave of absence, select NEW leave of absence. If you have already submitted a request but the dates or other information has changed since the original request was submitted, select REVISION. To request an extension of a current and previously approved parental leave of absence, select EXTENSION.
 - b. Please enter the requested personal information in each field.
 - c. Select the REASON you are requesting leave. If you are having a baby, medical documentation for the birth mother (such as a UCF Certification of Health Care Provider form) must be provided to use sick leave. If you are adopting or fostering, documentation from the court or agency placing the child is required.
 - d. Select the type of leave: full (or continuous) or reduced work schedule. During a full leave, an employee does not work for a continuous period. A reduced work schedule leave is when an employee is requesting a change in their normal work hours to less than full-time. When requesting a reduced work schedule, the employee must also attach a proposed work schedule. To work from home, you must also submit a completed UCF Telecommuting Agreement.
 - e. Enter your requested leave beginning and ending dates and the date and time you plan to return to work (generally the day after the leave ends).
 - f. Check the appropriate box(es) if you want to use accrued leave, compensatory time, and/or take leave unpaid. You will still need to submit LAPERs to notify your department how you wish to be paid (or not paid) for time off. *For Sick Leave Pool Members:* a routine pregnancy is not a covered condition for requests.
3. Once Section I is completed, submit the form to your department for the completion of Section II. USPS or A&P employees submit to your immediate supervisor and Faculty submit to the department chair. Once Section II is completed, the department forwards to the HR Leave Specialist.
4. ***Send your separate medical or adoption/placement documentation directly to your HR Leave Specialist to maintain confidentiality.***
5. You will receive notification of approval or denial of the requested parental leave of absence via email. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771, or you may email questions to loandworkcomp@ucf.edu.
6. You will be expected to provide a completed Intent to Return to Work Form or inform your supervisor and Leave Specialist when it will be available by the date stated in your approval letter. A medical release is required only for the employee giving birth. Should you require a leave extension, you must provide an "Extension" Parental Leave Request Form (PLR) and corresponding documentation. If you are unable to return to work at all, you may also submit your written resignation.
7. ***You are responsible for payment of your benefits premiums. If, for any reason, the premiums are not deducted from your paycheck it is your responsibility to immediately contact the HR Benefits Section at 407-823-2771 and arrange to pay your premiums. Otherwise, your benefits will be suspended and unusable until all back payment is received and processed.***

Information for Departments on Completion of Parental Leave Request Form (PLR)

1. Your employee will complete Section I and submit to the department for the completion of Section II.
2. This request for leave must have Departmental Acknowledgment Signatures by the Chair and Dean/Director for Faculty or by the Supervisor and Director/Dean for USPS and A&P.
3. All Parental Leave Request Forms (PLR) must be completed and forwarded by the department to UCF HR Leave Administration within 48 hours of receipt to ensure compliance with federally mandated deadlines.
4. The final approval or denial authority for parental leaves of absence has been delegated to the Chief Human Resources Officer (or their designated representative).
5. Your employee should submit LAPERs to notify your department how they wish to be paid (or not paid) for time off.
6. ***An Intent to Return to Work and Medical Release Form is required for all employees who are returning to work after a full parental leave of absence for their own pregnancy (including those who will work on a reduced work schedule or from home). For all other Parental Leaves, employees submit an Intent to Return Form only; a medical release is not required. The department then submits an ePAF to return the employee back to active pay status.***
7. Questions regarding this form should be directed to the Leave Administration Section at 407-823-2771 or you may email questions to loandworkcomp@ucf.edu.