



**UPG Paid Parental Leave Request Form**

This request should be made at least thirty (30) Days in advance of the date on which you wish to start Paid Parental Leave when practical, and following a written request to your supervisor. If your spouse is also an eligible University employee, they will need to complete a separate Paid Parental Leave Request Form as per UVA Policy. Further information on UPG Paid Parental Leave and related policies, including the terms and conditions, can be found at <http://upgpolicy/>.

**PART I: To be completed by EMPLOYEE**

<b>Request Type:</b> <input type="checkbox"/> Initial Request <input type="checkbox"/> Revised Previous Request	<b>Type of Leave Requested:</b> <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Custody/Placement <input type="checkbox"/> Other Please Explain <hr/> <hr/> <hr/>
---	---

**Employee Name:** \_\_\_\_\_ **University ID #:** \_\_\_\_\_

**Employee Type:**  UPG Admin  UPG Provider **Job Title:** \_\_\_\_\_

**UPG/SOM Department / Division:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Supervisor UPG Phone:** \_\_\_\_\_

**Supervisor Email:** \_\_\_\_\_

**Time Off Request**

Anticipated Begin Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Weeks (Up to 8): \_\_\_\_\_

I am requesting Continuous Paid Parental Leave and have informed my supervisor accordingly.

Employee Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**Documentation must be submitted within thirty (30) calendar days of Birth, Adoption or Placement date.**

- For a *Birth*, documentation proving eligibility for Paid Parental Leave (Birth Certificate or Hospital Birth Confirmation) required.
- For an *Adoption*, documentation from a Court Agency and/or Attorney (Custody/Adoption Order) required.
- For *Foster Care Placement*, government-issued or legal document dated and signed by a court official indicating the date that the child was placed in the home required.

**Employee Affirmation**

I affirm that the information provided on this form is complete and accurate and has been reviewed with my manager. I acknowledge that I have read and understand the UPG Paid Parental Leave information available to me on the PolicyTech web site or by contacting the UPG Benefit Specialist and that I will provide the required documentation and other information as may be requested.

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

## UPG Paid Parental Leave Request Form

<b>PART II: To be completed by UPG HUMAN RESOURCES</b>	
Date Request Received: ____/____/____	
Employee Name: _____	University ID: _____
<b>Eligibility</b>	<input type="checkbox"/> Eligible for Family and Medical Leave Act (FMLA) by being employed for twelve (12) consecutive months and have worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child. <input type="checkbox"/> Employed in a benefits eligible position upon the birth, adoption or placement of a child under the age of eighteen (18). <input type="checkbox"/> Employee is the biological parent, adoptive parent or foster parent.
<b>Pending Approval</b>	<input type="checkbox"/> Leave is approved pending receipt of documentation. Date: ____/____/____
<b>Denial</b>	<input type="checkbox"/> Leave is denied – Not eligible for FMLA. Employee has not been employed for twelve (12) consecutive months and has not worked 1250 hours during the twelve (12) months immediately preceding the birth, adoption or placement of a child. <input type="checkbox"/> Leave is denied – Employee not employed in a benefits eligible position upon the birth, adoption or placement of a child under the age of eighteen (18). <input type="checkbox"/> Leave is denied – Employee has exhausted all available Paid Parental Leave.  Dates of Paid Parental Leave: ____/____/____ to ____/____/____
<b>Secondary Action</b>	<input type="checkbox"/> Leave is approved as requested. Date: ____/____/____ <input type="checkbox"/> Supporting Documentation received. Date: ____/____/____ Supporting Documentation: <input type="checkbox"/> Birth Certificate or Hospital Birth Confirmation <input type="checkbox"/> Custody/Adoption Order <input type="checkbox"/> Foster Care Agreement/Court Order <input type="checkbox"/> Other (Specify): _____  <input type="checkbox"/> Leave is denied – Employee did not provide Supporting Documentation. Date: ____/____/____
<b>Human Resources Follow – Up:</b>	
<input type="checkbox"/> Date of Birth or Adoption: ____/____/____ <input type="checkbox"/> Date of Custody or Placement: ____/____/____  <input type="checkbox"/> Is the employee eligible for FMLA Leave? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Begin Date: ____/____/____ to End Date: ____/____/____  <input type="checkbox"/> Employee has entered PPL request in Workday. <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, Begin Date: ____/____/____ to End Date: ____/____/____  <input type="checkbox"/> Employee’s manager has received notification either by HR or Workday the disposition of the PPL request. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Printed Name (UPG Human Resources Representative): _____	
Signature: _____ Date: ____/____/____	