	Human Resources

INFORMATION ABOUT EMPLOYEE

Submit the completed form to Human Resources, Leaves Administration at leaves@arizona.edu.

The employee's personal or department representative may complete the form if the employee is incapacitated.

Name: _____   Empl ID: _____

Last, First MI

Personal Phone: _____   Personal Email: _____

EMPLOYEE ACKNOWLEDGEMENT

I request that I be allowed to take parental leave. I understand that I must meet the following criteria to be eligible for parental leave. Please read through each statement and add a checkmark in the box to indicate your agreement/understanding.

☐ 1. I am the parent, new adoptive or foster parent, or guardian.

☐ 2. I am a benefits-eligible employee and will have been employed for at least 12 continuous months before the commencement of parental leave.

☐ 3. I have not taken parental leave in the last 12 months.

☐ 4. I have not previously taken full parental leave for the same child.

☐ 5. I understand that I will move to an unpaid status upon the exhaustion of vacation or sick accruals or other paid time offerings.

☐ 6. I understand that the continuation of my group insurance coverage is contingent upon my making satisfactory arrangements for premium payments once I am in an unpaid status.

☐ 7. Under the terms of this leave, I am expected to return to work on the first business day following the end of the leave. If circumstances prevent my return on that date, I will contact my supervisor as soon as possible for further review.

☐ 8. If I do not return to work for at least 30 days after my approved leave, I agree to reimburse the University for any salary and benefits I received during my period of paid parental leave. I understand that my available vacation and sick accruals or compensatory time will first be applied toward this reimbursement.

LEAVE INFORMATION

☐ Qualified Event Date: _____

☐ Adoption, Guardianship, or Foster Placement – Expected Date of Placement: _____

CONTINUOUS LEAVE

I am requesting a leave of absence:

Beginning: _____   Ending: _____   Unpaid Leave Begins: _____

_____   _____
Employee Signature   Date

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REDUCED / INTERMITTENT SCHEDULE (To be filled out with employee's supervisor approval)

I am requesting a leave of absence:

Beginning: _____ Ending _____ Unpaid Leave Begins: _____

Reduced Schedule: _____

_____

Intermittent Schedule: _____

_____

_____ _____
Employee Signature   Date

_____ _____
Supervisor Signature (only needed for reduced/intermittent schedule)   Date

Upon returning to work, please upload a copy of the child's birth certificate or official adoption documentation to the Secure Document Upload. If you wish to enroll your child in benefits, please submit a Qualified Life Event form within 31 days of the birth or placement with the documentation.