



REQUEST FOR PARENTAL LEAVE

Employee Name:

Department Name:

Employee Email:

Employee Phone:

I certify that I meet the following requirements for Parental Leave:

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 prior to the commencement of the Parental Leave.
3. I have not taken parental leave in the last 12 months.
4. I have not taken the full parental leave previously for the same child.

Requested Parental Leave Dates: From _____ (first day of leave) To _____ (last day of leave)

Birth – Expected Date of Birth:

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

Flex Leave:

I plan to take _____ weeks of continuous leave.

- Paid Parental Leave period dates:
- Unpaid Parental Leave period dates:

I plan to take _____ weeks of partial leave. My work schedule will be as follows:

In the event I do not return to work for at least 30 days after my approved leave, I agree to reimburse the University of Arizona for the salary and benefits I received during my period of Paid Parental Leave. I understand that my available sick and vacation leave accruals or compensatory time will first be applied toward this reimbursement.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

Supervisor Name (please print): _____

Submission: Retain the signed form and submit a copy directly to the Human Resources Leave Advising team at hresolutions@arizona.edu. On your return to work, please upload a copy of the child’s birth certificate or official documentation of adoption to <https://hr.arizona.edu/submit-documents>. 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.