

## **Parental Leave Request Form**

The University's Parental Leave benefit enables eligible Employees, in an active pay status, to receive paid leave when welcoming a new child into their home due to a qualified event.

Employees who request Parental Leave will complete this form in its entirety, attach supporting documentation as appropriate (e.g., legal, medical information), and submit to <a href="mailto:benefits@washburn.edu">benefits@washburn.edu</a> or fax to 785-670-1642. Completed forms should be submitted at least 90 days prior to the beginning of Parental Leave or as soon as reasonably practicable.

Name:	WIN:		
Dept:	Supervisor Name:		
Reason for Request:	Birth Adoption Foster Child	Expected Date of Birt Date of Placement Date of Placement	th Age of Child
or foster. Parenta	Leave not utilized within the 12-		te of birth or date of placement for adoption eave may only be used once in a "rolling" 12-
	rimary caregivers assume the aregiver who provide care for t		ild(ren). Secondary caregivers are those
I affirm I am the	Primary Caregiver _	Secondary C	aregiver
experience a bi if the primary of Eligible Employ and who experi Parental Leave Eligible Employ experience a for caregiver and u	rth or placement of a child(ren) for a regiver and up to 4 weeks of paid ees with six months to less than or lence a birth or placement of a child the primary caregiver and up to ees who have at least one year of ster placement of a child(ren) regipt of 1 week of paid Parental Leave	or adoption (up to 6 years of age) are eligid Parental Leave if the secondary caregive one year of continuous employment, in a pild(ren) for adoption (up to 6 years of age of 2 weeks of paid Parental Leave if the secondary caregives of age, are eligible for up to 2 weeks of age, are eligible for up to 2 weeks	position authorized to work .5 or greater FTE, e) are eligible for up to 4 weeks of paid condary caregiver. athorized to work .5 or greater FTE, and who eks of paid Parental Leave if the primary
Dates of Requested Leav	<b>e</b> : From:	To:	
·	•	reduced leave will not extend the 12-	
	child's natural, adoptive, or foster	•	e than one caregiver working for Washburn ns and procedures, Section E. Benefits, 11,
Employee's signature: _		Dat	e:
Submit	completed form and appropri	iate supporting documentation to <u>be</u>	enefits@washburn.edu
	y: Eligible Ineligibl	le HR Signature:	Date:
_	Vos No Su		Date:

Supervisors – After signing please email form to <u>benefits@washburn.edu</u> for processing.