



This request should be made at least 30 Days in advance of the date on which you wish to start Parental Leave when practical. If your spouse is also an eligible IU staff employee, they will need to complete a separate Paid Parental Leave Request Form. Further information on Paid Parental Leave, including the terms and conditions, can be found at hr.iu.edu/relations/parental-leave.html.

Complete and sign this form, attach all required documentation (if available), and **Mail to** IU Human Resources, ATTN: Case Management/PPL, Poplars E165, 400 E 7th Street, Bloomington, IN 47405, **Email to** hrcsmgmt@iu.edu, or **Fax to** (812) 856-5677.

PLEASE PRINT ALL INFORMATION LEGIBLY

PART I: To be Completed by EMPLOYEE			
Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Revise Previous Request		Type of Leave Requested: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption	
Name:		10-Digit University ID:	
Campus:	Department:	Job Title:	
Campus Phone: () -	Other Phone: () -	Email:	
Supervisor Name:		Supervisor Campus Phone: () -	
Supervisor E-Mail:			
Time Off Requested (Select One or Both)	<input type="checkbox"/> Continuous Leave Anticipated Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____		
	<input type="checkbox"/> Intermittent/Reduced Work Schedule Please Explain: _____ _____		
	Anticipated Begin Date: _____ / _____ / _____ End Date: _____ / _____ / _____		
I am requesting intermittent time off or a reduced work schedule, and have reviewed with my supervisor and HR representative. Further, my supervisor has approved my proposed intermittent time off or reduced work schedule.			
Employee Initials: _____ Date: _____ / _____ / _____			
Documentation required within 30 calendar days of birth or adoption 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.			
Will you be adding this child to your IU-sponsored health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If you will be submitting a Life Event and adding this child to your health insurance, you <u>do not</u> need to submit the above requested documentation for PPL. You will, however, need to submit it to our Benefits Department as part of the Life Event submission, and we will obtain it from our benefits team.</i>			
EMPLOYEE AFFIRMATION: I affirm that the information I have provided on this form is accurate and complete. I acknowledge that I have read and understand the Parental Leave information available to me on the IU Human Resources web site and that I will provide Indiana University documentation and information as may be requested.			
Employee Signature: _____		Date: _____ / _____ / _____	

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PART II: To be Completed by IU HUMAN RESOURCES - CASE MANAGEMENT

Date Request Received: ____/____/____

Employee Name:

Employee ID:

Eligibility

- Employee appointed 30 or more hours per week in a benefits-eligible staff position when birth or adoption occurred.
- Employee has been continuously employed in a 30 or more hours per week benefits-eligible staff or faculty position for at least 12 months prior to birth or adoption, or will be on ____/____/____

Pending Approval

- Leave is approved pending receipt of documentation. **Date:** ____/____/____

Denial

- Leave is denied - Employee not appointed 30 or more hours per week in a benefits-eligible staff position when birth or adoption occurred.
- Leave is denied - Employee has not been employed by IU for 12 months continuously. Only ____ months have been worked.
- Leave is denied - Employee has used 2 periods of Paid Parental Leave.
 Dates of 1st Leave: ____/____/____ to ____/____/____
 Dates of 2nd Leave: ____/____/____ to ____/____/____

Secondary Action

- Leave is approved as requested. **Date:** ____/____/____
- Leave is denied - Employee did not provide supporting documentation. **Date:** ____/____/____

Other

- Other (Please explain in Notes section below)

Notes:

Case Management Follow-Up:

- Date of Birth or Adoption: ____/____/____
- Is the employee eligible for FMLA Leave? Yes No If yes, Begin Date: ____/____/____ to End Date: ____/____/____

Printed Name (IU Human Resources Representative): _____

Signature: _____ Date: ____/____/____