

Paid Parental Leave Request Form

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

This request should be made at least 30 days in advance of the date on which you wish to start Paid 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.

Information on paid leave for Faculty and Academic Appointees can be found at policies.iu.edu/policies/aca-50-paid-family-leave-academic-appointees/index.html. Please contact your campus Vice Chancellor/Provost Office for Academic Affairs for further information, interpretation, documentation, and enforcement of this paid leave policy.

Complete and sign this form, attach all required documentation (if available), and mail to IU Human Resources, 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

SECTION 1 To be Completed by Employee			
Request Type: <input type="checkbox"/> Initial Request <input type="checkbox"/> Revise Previous Request		Type of Leave: <input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Adoption from Foster Care	
Name:		10-Digit University ID:	
Campus:	Department:	Job Title:	
Campus Phone:	Other Phone:	Email:	
Supervisor/Department Designee Name:		Supervisor/Department Designee Phone:	
Supervisor/Department Designee 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/ department designee and HR representative. Further, my supervisor/department designee 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? Yes No

If you are submitting a Life Event and adding this child to your health insurance, you do not 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 them.

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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SECTION 2 To be Completed by IU Human Resources - Case Management

Date Request Received: _____

Employee Name: _____

Employee ID: _____

Eligibility	<input type="checkbox"/> Employee appointed 30 or more hours per week in a benefits-eligible staff position when birth or adoption occurred. <input type="checkbox"/> 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 _____ (date)
Pending Approval	<input type="checkbox"/> Leave is approved pending receipt of documentation. _____ (date)
Denial	<input type="checkbox"/> Leave is denied - Employee not appointed 30 or more hours per week in a benefits-eligible staff position when birth or adoption occurred. <input type="checkbox"/> Leave is denied - Employee has not been employed by IU for 12 months continuously. Only _____ months have been worked. <input type="checkbox"/> Leave is denied - Employee has used 2 periods of Paid Parental Leave. Dates of 1 st Leave: _____ to _____ Dates of 2 nd Leave: _____ to _____
Secondary Action	<input type="checkbox"/> Leave is approved as requested. _____ (date) <input type="checkbox"/> Leave is denied - Employee did not provide supporting documentation. _____ (date)
Other	<input type="checkbox"/> 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: _____
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