



Part I: To be Completed by the Employee			
Name		UID:	
UMD date of hire:	Total years/months of UMD service:	FTE %:	Department:
Newborn's date of birth:	Date child was placed with you for adoption, foster care, or legal guardianship:	Child's date of birth:	
Date parental leave will begin:	Probable return to work date:	Number of parental leave days requested:	

I, the undersigned employee, have read and understand USM VII-7.49 Policy on Parental Leave and Other Family Supports for Staff amended June 21, 2019, and attest that I will be acting as the child's primary caregiver during the period of parental leave requested above.

Signature	Print Name	Date
Part II: To be Completed by Employee's Manager		
Does the employee have a satisfactory record of sick leave usage?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Does the employee have satisfactory work performance?	<input type="radio"/> Yes <input type="radio"/> No	If no, explain:
Signature	Print Name	Date
Part III: To be Completed by University Human Resources, Office of Staff Relations		
Was the employee previously approved for parental leave?	<input type="radio"/> Yes <input type="radio"/> No	If yes, when?
End of 6-month period following birth or placement :	Date annual and personal leave was exhausted:	
End of 60-day parental leave period:	Number of paid parental leave days needed:	
Part IV: To be Completed by Department Head/Chair		
Approved <input type="radio"/>	Disapproved <input type="radio"/>	If disapproved, why?
Signature	Print Name	Date
Part V: To be Completed by Assistant Vice President, University Human Resources		
Number of days approved:	Disapproved <input type="radio"/>	If disapproved, why?
Signature	Print Name	Date