



## FACULTY PARENTAL LEAVE REQUEST

University of Maryland, College Park

Part I: To be Completed by Faculty Member		
Name:	UID:	
Title:	Department:	
Institutional Date of Hire:	Total Years/Months of Institutional Service:	
Date of Birth or Placement of Child:	<b>Reason for Request (check one):</b>  <input type="checkbox"/> Birth of a child <input type="checkbox"/> Adoption <input type="checkbox"/> Foster care placement <input type="checkbox"/> Legal guardianship placement	
Date parental leave will commence: (MUST BE A WEEKDAY)		
Date parental leave will end: (MUST BE A WEEKDAY)		
Total days of parental leave requested:		
<i>If you choose to request a period of time during which your workload would be reduced and/or modified, especially teaching duties, please attach a Family Support Plan jointly developed with and signed by the primary unit administrator and yourself.</i>	<b>Accrued/Paid Leave Balances (total hours):</b>	
		Annual Leave
		Personal Leave
		Creditable Sick Leave
		Non-creditable / Collegial Sick Leave

Part II: To Be Completed By University Human Resources, Office of Staff Relations	
Was the faculty member previously approved for parental leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?
Date the 6-month parental leave period will expire:	Date annual and personal leave will be exhausted:
Date the 60-day paid parental leave period will expire:	Number of paid parental leave days needed:

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**Part III: Department Signatures**

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I, the undersigned faculty member, have read and understand USM II-2.25 Policy on Parental Leave and Other Family Supports for Faculty amended June 21, 2019, and attest that I will be acting as the child's primary caregiver during the period of paid parental leave requested above.

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Faculty Member

Print Name

Date

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Manager

Print Name

Date

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Department Chair

Print Name

Date

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Print Name

Date

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**Part IV: To be Completed by the Assistant Vice President, University Human Resources**

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Approved ☐

Number of Days  
Approved:

Disapproved ☐

If disapproved, why?

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Signature

Print Name

Date