

BAYLOR UNIVERSITY

REQUEST FOR PAID PARENTAL LEAVE

BU-PP 421a

Employee Name:		Baylor ID Number:	
Address:		Phone:	
City:	State:	Zip Code:	
Department:			
Chair/Supervisor:			
Dean/Department Head:			

Start of Parental Leave:	Date of Return from Parental Leave:
--------------------------	-------------------------------------

I certify that I meet all of the requirements for Paid Parental Leave:

1. I am the natural parent, newly adoptive parent or foster parent
2. I am a full-time, benefits-eligible staff member

Birth: Expected Date of Birth: ____ / ____ / ____

Adoption: Expected Date of Adoption: ____ / ____ / ____

Foster Care: Expected Date of Placement: ____ / ____ / ____

I acknowledge that any unused family leave hours will be forfeited if not used within the 12 week period following the birth, adoption or placement of the child within the home.

*Note: Until you submit this request for paid parental leave, you will be using your paid leave accruals immediately following the date of the event.

Employee Signature	Date / /
Chair/Supervisor Signature	Date / /
Dean/Department Head Signature	Date / /

Supervisor: Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,
One Bear Place #97053, Waco, TX 76798-7053
Or Fax to: (254) 710-3819

Or submit electronic form by email to askHR@baylor.edu

If you have questions, please contact us at: (254) 710-2000 or askHR@baylor.edu

HR Use Only: Paid Leave Start Date: ____ / ____ / ____ Paid Leave Expiration Date: ____ / ____ / ____

HR Authorization: _____ Date: : ____ / ____ / ____