

**BAYLOR UNIVERSITY**

**CONFIDENTIAL:**

**Employee Request for Family Medical Leave**

**BU-PP 408A**

**Includes Maternity Leave and Primary Caregiver Leave**

**BU-PP 418A and BU-PP 418B**

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

Start of Anticipated Leave:	Expected Date of Return:
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I am requesting the following type of leave:

Primary Caregiver leave for the:

Birth or care of my son or daughter

Placement of a child with me for      adoption      foster care

Anticipated date of birth or placement:      /      /

Family leave to care for a spouse, son, daughter, or parent with a serious health condition

Family member's full name:

Relationship to you:      spouse      parent      son or daughter

Medical leave for my own serious health condition

Maternity Leave (for pregnant female faculty and staff)

Servicemember Care

Exigency Leave

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](mailto:askHR@baylor.edu)

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