



# NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

## Paid Parental Leave Request Form

HUMAN RESOURCES RECEIVED

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

### I. EMPLOYEE DATA

Employee Name:				PID:	
Dept. Name:					
Home Address:				Home Phone:	
				Email Address: <small>*Approval is sent by email</small>	
Appointment Information:	Date of Hire:	<input type="checkbox"/> Permanent	<input type="checkbox"/> SHRA	<input type="checkbox"/> Full-Time	
		<input type="checkbox"/> Temporary	<input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> Part-Time – Hrs./Wk.:	
Supervisor Name:				Supervisor Phone:	

### II. LEAVE REQUEST

<b>RECUPERATION LEAVE REQUEST</b> <i>For birth mother only; must occur in the four weeks immediately following the birth)</i>	Expected Start Date:		Expected End Date:	
<b>BONDING LEAVE REQUEST</b> <i>The four consecutive weeks of leave must occur within the first 12 months following the date of birth or date of adoption/foster care placement</i>	Expected Start Date:		Expected End Date:	

### III. DOCUMENTATION REQUIREMENTS (attach to form)

QUALIFYING EVENT	EXAMPLES: Parental Leave Acceptable Documentation (only one document required)
Adoption	Adoption Order, Proof of Placement
Birth	Birth Certificate (or Report of Birth/Stillbirth), Certified DNA Results Custody Order, Proof of Placement
Foster Placement	Foster Care Placement Agreement, Custody Order, Proof of Placement
Other Legal Placements	Custody Order, Proof of Placement

### IV. EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that I meet the following requirements under the Paid Parental Leave program and that I have or will become a parent by childbirth, adoption, foster care placement, or other legal placement, or that I am or will stand in loco parentis for a child. I acknowledge that the information provided above and with this request form is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.

Employee's Signature:		Date:	
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### IV. SUPERVISOR ACKNOWLEDGEMENT

Supervisor's Signature:		Date:	
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### V. FOR HR OFFICE USE ONLY

Paid Parental Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
HR Comments:			
Signature (HR Rep):		Review Date:	