

**EMPLOYEE APPLICATION FOR PARENTAL LEAVE**

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Employee: \_\_\_\_\_

Smith ID Number: \_\_\_\_\_

Position: \_\_\_\_\_

Department: \_\_\_\_\_

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

Date of Request: \_\_\_\_\_

*Please complete the applicable section below and forward this application to your department head at least 4 months prior to your anticipated delivery date.*

**APPLICATION FOR PAID LEAVE** I am requesting an 8 week **paid** parental leave per the provisions of the parental leave plan. I am requesting a 5 day **paid** parental leave per the provisions of the parental leave plan.

**NOTE:** *To be eligible for this paid leave, you must have completed 12 consecutive months of employment at the college in a benefited position prior to the beginning of your leave.*

Anticipated Delivery Date: \_\_\_\_\_

Parental Leave End Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ Date: _____
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**APPLICATION FOR FMLA**

I am requesting a FMLA leave of absence under the provisions of FMLA as described in Chapter V, Section 515 of the Smith College Staff Handbook. ***I understand that if I elect not to return to work at the agreed upon date, I agree to reimburse the college the entire amount it contributed to my health insurance premiums during the leave.***

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

Return to Work Date: \_\_\_\_\_

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ Date: _____
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**APPLICATION FOR UNPAID LEAVE**

I am requesting an **unpaid** parental leave of absence. **NOTE:** *To be eligible for an unpaid parental leave of absence, you must have completed at least three consecutive months of employment at the college, but less than 12 months prior to the beginning of your leave. You are required to cover the cost of your benefits during your unpaid leave.*

Anticipated Delivery Date: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

Employee Signature: _____ Date: _____
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**DEPARTMENT HEAD**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**HUMAN RESOURCES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date