

EMPLOYEE APPLICATION FOR PARENTAL LEAVE

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 a primary caregiver 12 week **paid** parental leave per the provisions of the parental leave plan. I am requesting a non-primary caregiver 4 week **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: _____

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: _____

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: _____

DEPARTMENT HEAD

Comments: _____

Signature

Date

HUMAN RESOURCES

Signature

Date