

## REQUEST FOR PARENTAL LEAVE EAST STROUDSBURG UNIVERSITY

### To be completed by Employee:

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

I am requesting to use Parental leave based on:

☐ Childbirth                      ☐ Adoption                      ☐ Foster Care Placement

Begin Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated duration \_\_\_\_\_

☐ Full Time Basis                      ☐ Part Time Basis                      ☐ Intermittent Basis

I will be using the following type(s) of leave:

☐ Paid Sick Leave \*                      ☐ Paid Annual Leave \*

☐ Paid Personal Leave \*                      ☐ Unpaid Sick Leave

\* Before, during, after, or instead of parental leave without pay, employees may use accrued annual or personal leave. The use of paid leave shall not be included when calculating the parental care leave without pay entitlement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\*\*\*\*\*

### To be completed by Human Resource Management:

☐ This employee is eligible for parental leave.

This employee is entitled to \_\_\_\_\_ hours of Parental Leave.

Current Leave Balances:

\_\_\_\_ Sick Leave                      \_\_\_\_ Annual Leave                      \_\_\_\_ Personal Leave

☐ Approved                      ☐ Disapproved

Comments \_\_\_\_\_

\_\_\_\_\_  
Human Resource Office Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date