

**BOWIE STATE UNIVERSITY**  
**REQUEST FOR PARENTAL LEAVE**

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**PART I: TO BE COMPLETED BY THE EMPLOYEE**

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EMPLOYEE'S NAME: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

CLASSIFICATION/DEPARTMENT: \_\_\_\_\_

ENTRANCE ON DUTY DATE: \_\_\_\_\_ TOTAL YEARS OF SERVICE: \_\_\_\_\_

DATE PARENTAL LEAVE IS TO BEGIN (Attach Doctor's Certificate Containing Clear and Comprehensive Explanation, Adoption Certificate and Foster Care Documentation.)  
\_\_\_\_\_  
\_\_\_\_\_

Number of Parental Leave Weeks/Days Requested: \_\_\_\_\_

Probable Date of Return to Work: \_\_\_\_\_

Date All Leave (Sick, Annual, Personal) was exhausted: \_\_\_\_\_  
*(All paid leave including annual, sick, personal, compensatory time, advanced sick leave, and/or leave reserve must be exhausted before parental leave will be granted)*

Have you previously requested Parental Leave: \_\_\_\_\_  
Yes/No

If "Yes," Date Parental Leave was granted: \_\_\_\_\_

*I am requesting Parental Leave in accordance with USM Policy VII 7.49 and Policy on Parental Leave for Faculty II-2.25 –and the Bargaining Units (AFSCME and MCEA) MOUs.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**PART II: TO BE COMPLETED BY THE OFFICE OF HUMAN RESOURCES**

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Amount of Parental Leave Being Granted: \_\_\_\_\_ Weeks/Days

Date Parental Leave Expires: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's /Department Head Signature and Date

Approved  
 Disapproved

\_\_\_\_\_  
Area Vice President's Signature and Date

Approved  
 Disapproved

\_\_\_\_\_  
Senior Director of Human Resources and Date

Approved  
 Disapproved

GIVE REASON FOR DISAPPROVAL: \_\_\_\_\_  
\_\_\_\_\_