

BOWIE STATE UNIVERSITY
REQUEST FOR PARENTAL LEAVE

PART I: TO BE COMPLETED BY THE EMPLOYEE

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** _____

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

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: _____
