

Family Medical leave and University Parental Leave Certification
Birth, Adoption, and Foster Placement

This form serves as your application for (a) Family Medical Leave (FML) for bonding with your new child or for leave to complete the requirements for placement of a child in your home and (b) for the ASMSA's Parental Leave benefit. If you are requesting leave for your serious medical condition, for the care of a seriously ill family member, or for other purposes, please contact your campus HR Office for additional assistance.

I am requesting _____ Family Medical Leave and _____ Parental Leave

I will use leave for (leave may be requested for more than one use):

- ____ Bonding time with my newborn or child under 12 months of age
- ____ Bonding time with my adoptive or foster child within the first 12 months of the date of adoption or foster placement (available for children under 18 years of age)
- ____ Court appearances, counseling, or related administrative requirements in advance of adoption or foster placement (using FML, Parental Leave is not available for these purposes)
- ____ Other needs, please summarize _____

Beginning date of requested leave _____ End date of requested leave _____

I understand that falsification of information in this application may lead to disciplinary actions up to and including termination of my employment.

I understand that FML may be used without eligibility for Parental Leave. I further understand that Parental Leave may be used only concurrently with FML and that my campus HR Office will notify me of any leave approvals.

I understand that approval of Parental Leave may require me to provide additional documentation such as a marriage license, birth certificate, or a court-approved adoption or foster placement certificate.

If you have previously received Parental Leave, provide the leave dates _____

If another birth parent, legal spouse of a birth parent, an adoptive parent, or a foster parent associated with this leave event is employed by any campus or unit of the University System, provide that person's name, home campus, and department _____

Signature _____ Date _____

FOR HR USE ONLY

Approved for FML for the period of _____ through _____

Approved for University Parental Leave for the period of _____ through _____

HR reasons for denial, documents required, additional notes _____