

**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 University'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 \_\_\_\_\_
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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 \_\_\_\_\_

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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 \_\_\_\_\_

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