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**Request for Paid Parental Leave**

Drake University provides new parents with the option to elect up to two workweeks of paid parental leave in the following situations:

- Birth of a child
- Adoption of a child, including placement of child for adoption
- Placement of a child for foster care

To request Paid Parental Leave, complete this form and submit it to your manager and the applicable Dean/Director for consideration then forward to Human Resources

Eligible faculty may elect either Modified Duties or Paid Parental Leave. If Modified Duties are requested, the faculty member should complete the Modified Duties Leave Request Form.

*Like other policies providing paid time off, paid parental leave runs concurrently with any Family and Medical Leave Act leave for which the employee is eligible.*

*Birth parents may also be eligible for paid time off under other University policies, such as paid sick leave or paid time for a Medical Leave Period through the Faculty Short Term Disability Policy. Completion of the FMLA Certification of Health Care Provider for Employee’s Serious Health Condition may be required.*

**Employee Name**:       **Employee ID Number**:

**Employee Start Date:**

**Indicate Whether Faculty or Staff:**

**Job Title:**

**Department:**

**Anticipated Date of Birth, Adoption, or Placement:**

**Date Parental Leave is to Begin:** **Amount of Time Requested:**

**Explanation of Time Requested, if needed:**

*Employees who fail to return to work after this leave shall be treated as having voluntarily terminated their employment. By requesting and signing, you agree that if you (1) give notice that you are not returning to work with the University, (2) simply fail to return to work with the University, or (3) return to work but remain employed for fewer than 30 days after leave has ended, then you shall owe the University a reimbursement for your paid parental leave, as well as the cost of any benefits provided during the leave.*

**Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Upon completion, please submit this form to your manager and the applicable Dean/Director or Designee for approval.***

**Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Dean/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Upon completion, please forward the completed form to Human Resources.***