



Parental Leave of Absence Request Family and Medical Leave Act (FMLA)

EMPLOYEE INFORMATION	
Employee's Name:	Employee ID:
REVIEWER INFORMATION	
Reviewer's Name:	Date:
EMPLOYMENT TYPE	
<input type="checkbox"/> USPS <input type="checkbox"/> Faculty <input type="checkbox"/> A&P <input type="checkbox"/> Executive Service <input type="checkbox"/> OPS	
CONTRACTUAL PERIOD	
<input type="checkbox"/> 9 month <input type="checkbox"/> 10 month <input type="checkbox"/> 12 month <input type="checkbox"/> Varied (OPS employees)	
EXPECTED DATES OF LEAVE	
Begin Date:	End Date:
REASON FOR LEAVE REQUEST	
<input type="checkbox"/> The birth of a child and to care for the newborn child within one year of birth. <input type="checkbox"/> The placement of a child for adoption, foster care, and/or to care for the newly placed child within one year of placement.	
PARENTAL LEAVE GUIDELINES	
<ul style="list-style-type: none"> ▪ I understand that I can take up to six months unpaid leave when I become the biological or adoptive parent of a child. ▪ I understand that while on parental leave, I may request and be placed on annual leave with pay to cover any part of the six months period until all or part of my earned annual leave has been used. ▪ I understand that by completing the required medical certification, I may be allowed to use earned sick leave while on parental leave. 	
Employee's Signature:	Date:
APPROVALS	
Supervisor's Signature:	Date:
Dean's/Director's Signature:	Date:
President's/Provost's/Vice President's Signature:	Date:

LEAVE USAGE CHART

Instructions: Please list the biweekly pay period, type of leave requested, and number of hours of leave that will be used. The time reporter code must be reported along with a corresponding leave code (sick for qualifying medical leave, vacation, compensatory, or leave without pay). The appropriate FMLA override reason code is required for all FMLA time entry:

- FMLAA (Family and Medical Leave Act Annual) - May be used for any type of absence
- FMLAS (Family and Medical Leave Act Sick) - May be used for medical/FMLA leave of absence
- PRNLV (Parental Leave) - May be used for birth or adoption of a child
- Compensatory - May be used for any type of absence (USPS employee only)
- Leave Without Pay - May be used for any type of absence

NOTE: According to the below schedule, leave will be deducted each biweekly pay period unless the Office of Human Resources is notified in writing to modify or discontinue. This form does not apply to OPS

Biweekly Pay Period	Leave Category	Number of Hours

Employee's Signature: _____ Date: _____

Return completed forms to:
Office of Human Resources/Time & Labor Administration, 1700 Lee Hall Drive, 211 FHAC, Tallahassee, FL 32307