

| Part 1 - To be completed by Employee | | | |
|--|-------------------------|--------------------------------|---------------------------|
| Name: | | Job Title: | |
| Date of TU/USM Employment (m/d/yy): | Total Years at TU/USM: | Dept: | |
| Anticipated Date of Child's Birth or Adoption: | Date Leave is to Begin: | Probable Return to Work Date: | Number of Days Requested: |
| <p>Employees are encouraged to refer to the USM Policy VII-7.49 for the full provisions of the parental leave benefit.</p> <p>The Parental leave assurance is 60 continuous workdays (480 hours) to care for a new child in the six (6) months immediately following the birth or adoption of the child. Parental Leave runs concurrently with an employee's FMLA entitlement, pursuant to USM Policy VII-7.50 Policy on Family and Medical Leave for Staff. If you are not eligible for FMLA entitlement you will complete only this form and provide medical documentation from the treating physician (doctor's note, birth certificate, etc.).</p> <p>Following are the flexible options in which the employee can structure use of accrued leave before being eligible for paid parental leave:</p> <ul style="list-style-type: none"> i. Exhaust all accrued personal, holiday, and annual leave. Paid parental leave is available once these leave options are depleted. ii. Exhaust all accrued personal, holiday, and sick leave. Sick leave may be substituted for annual leave (or annual leave for sick leave), hour for hour, up to the amount of annual leave accrued at the commencement of leave. Paid parental leave is available once these leave options are depleted. iii. Exhaust all accrued personal, holiday, and a combination of annual and sick leave up to the maximum amount of annual leave accrued at the commencement of leave. For example, if an employee has two hundred (200) hours of accrued annual leave, they may elect to split hours evenly between accrued annual and accrued sick leave, using 100 hours from each leave bucket. Paid parental leave is available once these leave options are depleted. <p>The employee's eligible leave will be used throughout the parental leave period, as it is accrued or granted.</p> | | | |
| <p>I have read and understand that I am required to choose one of the available options listed above as part of the 60-day/480-hour paid Parental Leave assurance.</p> | | | Date: |
| Employee Signature: | | | |
| Part 2 - To be completed by Employee's Supervisor or Department Head | | | |
| <p>I, the undersigned supervisor or department head, have reviewed the request for Parental Leave, and am sending it to TU Leave Benefits staff for review and final approval pursuant to applicable leave policies.</p> | | | |
| Supervisor or Dept Head Printed Name: | | Supervisor or Dept Head Title: | |
| Supervisor or Dept Head Signature: | | Date: | |
| Part 3 - To be completed by TU OHR / Leave Benefits | | | |
| 1. Has the employee been employed with TU/USM for at least six continuous months? | Yes | No | |
| 2. Does the employee work a full-time schedule? | Yes | No | |
| 3. Does the employee have a satisfactory record of sick leave usage? | Yes | No | |
| 4. Has the employee used Family & Medical Leave in the past 12 months? | Yes | No | |
| Comments from HR: | | | |
| Approved HR (Signature) | | | Date: |