

U of A Fayetteville Catastrophic Leave Program Application for Parental Leave Purposes (Block of Time)

Please Type or Print Legibly

<p>Instructions: Complete this form to apply for Parental Leave purposes. Provide the completed application, along with all appropriate documentation to the Leave Administrator, Human Resources, 222 Administration Building. Refer to the Catastrophic & Parental Leave Policy for additional information. NOTE: If two employees are parents requesting leave, the four (4) weeks of parental leave must be shared between the two employees. The Catastrophic and Parental Leave Policy was established by Arkansas Code Annotated 21-4-214 and Arkansas Code Annotated 21-4-209.</p>	<p>Note: The award of Parental Leave is dependent upon its availability within the Catastrophic Leave Bank. Employees on Parental Leave remain subject to all applicable University policies.</p>
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Part I - Application and Certification

Employee Name (Last, First, Middle Initial)		Address	
Phone Number	Cell Phone Number	Email Address	Employee ID:
Supervisor's Name:		Dept:	

Amount of Parental Leave Requested (NOT TO EXCEED FOUR WEEKS)

Beginning Date:	Expected Ending Date:
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Certification: (Check the appropriate box.)

I certify I am requesting parental leave due to:

1. The birth of my biological child.
2. The placement of an adoptive child in my home.

Are both parents of the child employed by the University of Arkansas Fayetteville? Yes No

If yes, do both parents plan to use Parental Leave? Yes No

If yes, please name the other parent: _____

I understand and agree with the following:

- I have been employed with the University of Arkansas for at least one (1) year in a 100% appointed position that is benefits eligible.
- I am not required to exhaust annual or sick leave before being granted parental leave for the purpose stated above.
- While on parental leave, all my accrued annual and sick leave will be returned to the Catastrophic Leave Bank.
- I may be granted up to four (4) consecutive weeks of parental leave with pay within the first twelve (12) weeks after the birth of my biological child or placement of an adoptive child in my home. If two university employees are the parents of a child, the four (4) weeks must be shared by the two employees.
- I will forfeit the parental leave benefits if I terminate my employment or my employment is terminated, or if there is any fraud or misrepresentation of facts in making application for parental leave.
- My approved parental leave will run concurrently with the Family Medical Leave Act (FMLA) provisions, if eligible.

Signature of Employee Requesting Catastrophic Leave or Designee	If Designee, state your relationship to Requestor	Date
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Part II – Human Resources Verification (to be completed by the Leave Administrator, Human Resources, 222 Administration Building)

Full Time State Employee for Minimum of One (1) Year

Yes No

Verification Documentation provided for parental leave purposes:

<input type="checkbox"/> The birth of the employee's biological child. <ul style="list-style-type: none"> <input type="checkbox"/> Hospital birth certificate with employee's name and/or biological child's name <input type="checkbox"/> Hospital discharge papers with the employee's name and the child's name <input type="checkbox"/> Government-issued birth certificate of the child <input type="checkbox"/> Statement sent to Leave Administrator by phone, email or text 	<input type="checkbox"/> The placement of an adoptive child in the employee's home <ul style="list-style-type: none"> <input type="checkbox"/> Court document with employee's name, child's name and date of birth <input type="checkbox"/> Legal guardianship papers with the employee's name and date of birth <input type="checkbox"/> Statement sent to Leave Administrator by phone, email or text
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Human Resource Official (Print)	Human Resource Official Signature	Date
Disciplined for leave abuse during past one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Assoc Vice Chancellor for Admin Approval:	