

ECU Department of Human Resources-Benefits

210 East 1st Street, Greenville, NC 27858 | Mail Stop: 205 | Phone: 252-328-9887 | Fax: 252-328-9918

I. EMPLOYEE DATA

Employee Name:			Banner ID:	
Division:			Department:	
Supervisor:			Kronos Super Admin:	
Mailing Address:			Personal Phone:	
			Email Address: <small>*Approval is sent by email</small>	
Appointment Information:	Permanent	Time-limited	Full-time	Part-Time – Hrs./Wk.:
	SHRA	CSS	EHRA Non-Faculty	EHRA Faculty (not eligible for FSIL)

II. LEAVE REQUEST

RECUPERATION LEAVE REQUEST <i>For birth mother only; must occur in the four weeks immediately following the birth</i>	Expected Start Date:		Expected End Date:	
BONDING LEAVE REQUEST <i>The four consecutive weeks of leave must occur within the first 12 months following the date of birth or date of adoption/foster care placement</i>	Expected Start Date:		Expected End Date:	

III. DOCUMENTATION REQUIREMENTS (attach to form)

QUALIFYING EVENT	EXAMPLES: Parental Leave Acceptable Documentation (only one document required)
Adoption	Adoption Order, Proof of Placement
Birth Birthing Parent Non Birthing Parent	Birth Certificate (or Report of Birth/Stillbirth), Verification of Facts, Certified DNA Results, Custody Order, Proof of Placement
Foster Placement	Foster Care Placement Agreement, Custody Order, Proof of Placement
Other Legal Placements	Custody Order, Proof of Placement

IV. EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that I meet the following requirements under the Paid Parental Leave program and that I have or will become a parent by childbirth, adoption, foster care placement, or other legal placement, or that I am or will stand in loco parentis for a child. I acknowledge that the information provided above and with this request form is accurate. I understand that any falsification of information may lead to appropriate administrative action, up to and including dismissal.

Employee's Signature:		Date:	
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V. SUPERVISOR ACKNOWLEDGEMENT

Supervisor's Signature:		Date:	
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Submit your completed request form with the required supporting documentation to the HR Benefits Office for processing.

VI. FOR HR OFFICE USE ONLY

Date of Hire:		<input type="checkbox"/> 12-Month Continuous Service Requirement	<input type="checkbox"/> Pay Status Requirement
Paid Parental Leave:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	
HR Comments:			
Signature (HR Rep):		Review Date:	