



OSU PAID PARENTAL LEAVE REQUEST FORM

Oklahoma State University recognizes the importance of supporting new parents with time off to care for and bond with their child after birth, adoption, or placement of foster child(ren). OSU Paid Parental Leave supports its employees by allowing the primary caregiver up to six weeks of paid leave and the secondary caregiver up to three weeks per qualifying event. This leave will be taken within the twelve weeks immediately following the date of birth, adoption, or foster placement and may begin up to thirty days before the event. One parental leave event may be taken per calendar year.

- Each eligible parent is responsible for designating their own caregiver status. (Primary or Secondary)
- The duration of Paid Parental Leave is not increased by the birth, adoption, or foster of multiples (twins, triplets, etc.)
- OSU Paid Parental Leave time off may be taken in cases of stillbirth. In such event, with appropriate medical documentation, the eligible parent(s) may use two weeks of paid parental time off.
- The employee will return to the same position (or equivalent), including equal pay, seniority, and benefits.
- FMLA will be auto-designated and run concurrently with this leave if the employee is eligible.
- Parental leave must be taken in a block leave format.

If more than one parent of the newborn or newly adopted child is an employee of Oklahoma State University and both are using parental leave, the employees must designate which employee will serve as the child’s primary caregiver and secondary caregiver.

Each employee requesting OSU Paid Parental Leave must provide as much advance notice as practicable.

Designate Status: Primary Caregiver Secondary Caregiver

Please attach copies of relevant documentation, such as a birth certificate or legal forms, to this Request Form.

| Employee and Department Information <i>to be filled in by the requestor</i> | |
|---|--|
| CWID/Banner ID: | Department: Supervisor’s Name: |
| Employee Name: | Job Title: |
| Please indicate which option applies to you below: | Please fill in the requested information: |
| Birth: | Date of Birth: |
| Adoption: | Date of Adoption: |
| Foster: | Date of Placement: |

| Leave Information and Proposed Schedule <i>to be filled in by the requestor</i> | |
|--|-----------------------------------|
| Leave Will be Taken Using <i>(choose all that apply)</i> : <input type="checkbox"/> Parental Leave <input type="checkbox"/> Sick Leave | |
| Parental Leave to be Used: | Sick Leave to be Used: |
| Total Leave to be Used: | |
| Planned Start Date for Total Leave: | Planned End Date for Total Leave: |

As an employee of Oklahoma State University, I, the undersigned employee, understand and agree that I meet the following criteria to be eligible for Parental Leave.

- I am a benefits-eligible (0.75 FTE) faculty or staff member with six months or more of continuous service with OSU.
- I am considered the primary or secondary caregiver for a newborn, newly fostered, or newly adopted child.
- The qualifying event is defined as the birth, adoption, or placement of a foster child.
- Paid Parental Leave will be taken within the 12-week period immediately following the qualifying event and may begin 30 days in advance of the event.

Have you requested an FMLA packet? Yes No **If NO, one will be provided to you via email.*

Employee Name (Printed)

Date

Employee Signature

Date

Supervisor Signature

Date

The Department should retain a copy of the completed form with the Employee's Time and Leave Records.

Requests must be turned in to the Absence Management Specialist (AMS) upon completion by email at absence@okstate.edu, faxed to 405-744-7872, or in person at 401 General Academic Building.

| UNIVERSITY HUMAN RESOURCES USE ONLY | |
|-------------------------------------|---|
| Date Request Received: | Determination: <input type="checkbox"/> Qualifies <input type="checkbox"/> Does Not Qualify |
| OSU Hire Date of Requestor: | Start and End Date of Request: |
| Date Reviewed by AMS: | Date Approved by Director of HR Consulting: |
| AMS Signature: | Director Signature: |
| NOTES: | |

The Absence Management Specialist or the Director of HR Consulting Services will notify the requestor, supervisor, and Department/Division Admin Office of final determination.