Parental Leave Request Form

Please complete when requesting either

Paid Parental Leave or Postdoc Absence with Pay (Parental)

The University of Wisconsin-Madison has two separate policies that assist and support eligible employees in balancing their professional and personal lives following birth and adoption. The Paid Parental Leave policy (PPL) and the Postdoc Absence With Pay & Legal Holidays policy , cover different employment categories though they provide similar paid parental leave support.

Additional information about these two policies can be found on the Paid Parental Leave webpage.

Completed Parental Leave Request forms should be submitted to your Divisional Disability Representative (DDR) for review. You will receive a notification upon approval or denial of your request.

Parental Leave Request Form Instructions

Section 1: Completed by the employee/Postdoc requesting leave or on behalf of the employee at their request.

A. **Employee/Postdoc Information:** Completion of all fields is required. Include the email and phone number that you will have access to during your leave of absence.

B. **Qualifying Event:** Indicate whether your qualifying event is the birth or adoption of your child(ren).

- You must have a qualifying event to be eligible for paid Parental Leave under one of the policies.
- Additional documentation may be requested by your DDR when your qualifying event is adoption.
- Please mark if you have taken either Paid Parental Leave or Postdoc Absence with Pay (Parental) in the 12 months prior to your current leave request. If yes, please include the dates of your prior leave. If you are unsure, your DDR will assist you.

C. **Income Continuation Insurance (ICI Benefit):** For University Staff, Faculty, Academic Staff and Limited appointees only.

ICI is an optional disability insurance you may have enrolled in. It offers limited pregnancy benefits and coverage for other illnesses or medical events. It does not cover spouses or dependents. If the Parental Leave request is not for your personal medical reason, please select N/A (Not Applicable). If you select "yes" or "unsure" please email benefits@ohr.wisc.edu to discuss potential ICI and PPL benefit coordination.

D. **Type of Leave & Anticipated Dates:** Please select the type of leave you desire to take and fill out additional information below.

*Note: Per UW-Madison's Parental Leave policies, you are entitled to Continuous Leave, but Leave on a Reduced Work Schedule and/or Intermittent Leave may require supervisor approval. If reduced work schedule leave or intermittent leave is denied, you may still be entitled to continuous leave.

a. **Continuous**: Check the box if you plan to take continuous leave. Indicate the anticipated start date of your Parental Leave (anticipated date of birth or date of adoption). Indicate the anticipated end date of your Parental Leave. Indicate the anticipated return to work date (this may be beyond the end date of Parental Leave depending on your qualification for FMLA/WFMLA or request to extend your leave of absence.)

b. ***Reduced Work Schedule** (reduced number of work hours per day or per week): Check the box to request a reduced work schedule. Based on your typical work schedule, indicate what days and hours you intend to continue working, and indicate what days and hours you intend to not work and take Parental Leave. For example, if you typically work from 8:00am-4:30pm Monday-Friday, you could indicate that you want to continue working Monday, Wednesday, and Friday from 8:00-4:30pm and take Parental Leave on Tuesdays and Thursdays. Employees should discuss their plan with their supervisor.

c. ***Intermitten**t (separate blocks of time): Provide details about your specific intermittent leave request and a proposed absence plan. Employees should discuss their plan with their supervisor. For example, "I need to take Parental Leave intermittently and anticipate taking every other work week off of work."

E. **Extension of Leave:** Employees/Postdocs may request to extend their leave of absence beyond the leave provided under the Paid Parental Leave policy or Postdoc Absence with Pay (Parental) policy.

 Indicate if you plan to use paid leave, unpaid leave or a combination of paid and unpaid leave. If using paid leave, indicate the type and amount of paid leave you'd like to use and if you'd like your leave applied in a particular order. This can be an estimate, as your leave balances will change over time. There may be limitations on the leave options available to an employee. Ask your DDRs about the options available to you.

F. **Signatures:** The employee/Postdoc requesting Parental Leave should sign and date the form acknowledging that all provided information is accurate. If another individual filled out Section 1 on the employee's behalf, they should sign and date the form as well.

Supervisor approval and signature is required when employees/Postdocs are requesting intermittent leave or reduced work schedule leave and their leave will not be designated under WFMLA. Employees can confirm if supervisor signature is required with their DDR.
- All employees/Postdocs should discuss their anticipated dates of absences and preparation for their leave of absence with their supervisor.
- Employees/Postdocs do not need to share confidential medical information with their supervisor.

 Please indicate if you have discussed your leave plan with your supervisor. If you have not yet shared your need for leave with your supervisor, you should discuss your communication plan with your DDR.

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SECTION 1	
(Completed by the employee/Postdoc or someone else at their request.)	
A. Employee/Postdoc Information	
Employee's Name:	Today's Date:
Division/Department:	Job Title:
Email Address During Leave:	Phone Number During Leave:

B. Qualifying Event (Employees/Postdocs must meet one of the following.)
Please mark your qualifying event: ☐ Birth of your child(ren). ☐ Adoption of a child(ren) under 18 years of age. ☐ Adoption of a child(ren) 18 years or older with a physical or mental disability. (Additional paperwork required.)
Have you requested Paid Parental Leave or Postdoc Absence with Pay (Parental) in the last 12 months?   **Yes*:** ☐   **No:** ☐   **Unsure:** ☐ ***If Yes: please Indicate the date of your prior qualifying event**

C. Income Continuation Insurance (ICI): *To be completed by US and FAASLI employees only*
*Are you anticipating using Income Continuation Insurance (Short Term Disability Insurance) during your leave: Yes: ☐   No: ☐   Unsure: ☐   N/A: ☐ *If Parental Leave request is not for your own medical reason, please select N/A (Not Applicable).

D. Type of Leave & Anticipated Dates of Leave		
Requested Method of using PPL or Postdoc Absence with Pay (Parental): ☐ Continuous leave ☐ Reduced Work Schedule* ☐ Intermittent leave*		
Events	**Anticipated Date**	**Actual Date** **(May be completed by DDR/HR)**
Date of birth or placement		
Date use of Parental Leave begins		
Date use of Parental Leave ends		
Date requesting to return to work (Approval may be required. Leave may be extended using other leave types)		
*Reasons Reduced Work Schedule or Intermittent Leave is being requested:		
*Describe Reduced Work Schedule or plans for Intermittent Leave:		

E. Extension of Parental Leave (optional)
You may wish to extend your leave beyond the 6 weeks provided by the PPL or Postdoc Absence with Pay (Parental) policies.

- If you are eligible for FMLA and/or WFMLA you may use paid leave or unpaid leave during your extended leave.
- If you are not eligible for FMLA or WFMLA you may have requirements to use earned paid leave or absence with pay prior to Leave Without Pay.

Leave Options: Please select one option for how you are requesting to extend your leave.
☐ I request to use paid leave
☐ I request to use unpaid leave (Leave Without Pay)
☐ I request to use a combination of paid and unpaid leave
☐ I am unsure and will discuss with my DDR

Extending your Leave: If you are extending your leave, please select how many hours you are requesting to use. If you'd like your leave applied in a specific order, indicate 1st by the leave type you'd like to use first, 2nd , 3rd, etc.:

_____ Personal Holiday (_____ hours)   _____Leave without Pay (_____ hours)
_____Vacation/Vacation Carryover (_____ hours)   _____Comp Time (_____ hours)
_____Banked Leave (_____hours)   _____Other _____ (_____ hours)
_____Sick Leave (_____ hours)

F. Employee/Postdoc Certification

By signing this Parental Leave Request form, you (employee/Postdoc or designee) have read, understand, and agree to the following:

1. I am taking PPL or Absence with Pay (Parental) because I have or will have experienced a qualifying event: the birth or placement of a child with me for adoption
2. I will provide documentation to support this request as directed by UW-Madison.
3. I acknowledge and understand the consequences of providing false information (e.g., denial of this request, repaying Parental Leave taken and/or appropriate disciplinary action).
4. If I provided an anticipated date of birth or placement, I will notify my DDR as soon as practicable of the actual date so that my eligibility may be confirmed and if eligible, access to PPL or Absence with Pay (Parental) may begin.
5. I hereby certify that all statements made in this request form are true and correct to the best of my knowledge and belief.

☐ I have discussed my leave plan with my supervisor, and it is okay for the DDR to discuss my leave request with them.
☐ I have not yet shared my need for leave with my supervisor and will discuss this with my DDR.

Employee's/Postdoc's Signature:	Date:
Signature of Employee's/Postdoc's Designee:	Date:
Signature of Supervisor: *	Date:
Signature of DDR:	Date Received:

*Signature of supervisor is only required if intermittent leave or reduced work schedule is being requested and leave will not be designated under WFMLA.