

STAFF PARENTAL LEAVE REQUEST FORM

Name: _____

Anticipated delivery/adoption date: _____

Anticipated return to work date: _____

Extended Parental Leave

- Six weeks of paid parental leave.
- Plan to extend leave with paid vacation time. Anticipated number of days: _____
- Plan to extend leave with unpaid FMLA time. Anticipated number of days: _____

OR

Short-Term Parental Leave

If both parents are employed by Luther College, only one is eligible for the extended parental leave above.

- One week of paid parental leave.
- Plan to extend leave with paid vacation time. Anticipated number of days: _____
- Plan to extend leave with unpaid FMLA time. Anticipated number of days: _____

Employee Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

Human Resources Signature: _____

Date: _____

Note: All parental leaves will run concurrently with the Family and Medical Leave Act for those employees who qualify. FMLA is a federal program providing 12 weeks of leave for birth or adoption for employees who have worked 1,250 hours in the previous 12 months. FMLA is unpaid leave, but assures benefit continuation and re-employment after the leave is completed.