



## Request for paid Supplemental Parental Leave (SPL) hours

The Board of Regents Policy 3.3.13 on Parental Leave stipulates a regular employee holding Faculty, Administrative, Manager/Professional, Office/Service, or a Post-doctoral appointment are eligible to receive up to a total of eight (8) workweeks of paid leave for: 1) Care of a Newborn 2) Period of Incapacity, Prenatal Care, or Serious Health Condition Related to Childbearing 3) Care for a Birth Parent 4) Adoption. To *review the policy in full*: [Regent Policy 3.3.13](#)

Complete this form for paid Supplemental Parental Leave (SPL) hours only if all sick leave will have been exhausted before/during your leave. Contact your campus/Business Center Human Resources with questions or if you need assistance in completing this form.

Name (Employee Requesting SPL Hours): \_\_\_\_\_  
NUID or Personnel #: \_\_\_\_\_  
Department: \_\_\_\_\_  
Supervisor name: \_\_\_\_\_

Anticipated Parental Leave Timeframe: \_\_\_\_\_  
Anticipated SPL Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_  
Total Number of anticipated SPL hours requested: \_\_\_\_\_

☐ This time will be taken as consecutive days off.

☐ This time will be taken as intermittent leave. Specify the schedule below (dates/days/hours):

**Please note:** Intermittent leave is only available for reasons 1 and 3. If intermittent leave is approved, the employee must complete the leave within six (6) months following the child's birth or relevant event.

### Qualifying Reason (select one)

I am requesting paid leave for the following reason:

- ☐ 1) Care of a Newborn (*foster parents are not eligible for leave*)
- ☐ 2) Period of Incapacity, Prenatal Care, or Serious Health Condition Related to Childbearing
- ☐ 3) Care for Birth Parent
- ☐ 4) Adoption

### Employee Certification

I certify that the information provided above is true and accurate. I understand that all available sick leave must be utilized prior to being eligible for paid leave under this policy. I understand that submission of this form does not guarantee approval, and that Human Resources may request additional documentation to process this request. [NOTE: additional documentation is submitted to HR not the immediate supervisor]

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Approval Signatures

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Faculty Requests: Dean/Director

Human Resources/Vice Chancellor, as applicable