



Paid Parental Leave Request Form

HUMAN RESOURCES RECEIVED	
Date:	_____
Initials:	_____

I. EMPLOYEE DATA

Employee Name:				PID:	
Dept. Name:				Phone:	
Email Address: <small>*Approval is sent by email</small>					
Qualifying Event (QE):	<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care Placement <input type="checkbox"/> Other Legal Placement of a Child			QE Date:	
				Type of Parent:	<input type="checkbox"/> Birth Parent <input type="checkbox"/> Non-Birth Parent
Appointment Information:	Date of Hire:	<input type="checkbox"/> Permanent	<input type="checkbox"/> SHRA	<input type="checkbox"/> Full-Time	
		<input type="checkbox"/> Temporary	<input type="checkbox"/> EHRA Non-Faculty	<input type="checkbox"/> Part-Time – Hrs./Wk.:	
Supervisor:				Supervisor Email:	
HR Rep/Officer:				HR Rep/Officer Email:	

II. LEAVE REQUEST

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

III. DOCUMENTATION REQUIREMENTS (Email to leave@unc.edu)

QUALIFYING EVENT:	ACCEPTABLE DOCUMENTATION (Only one document required):
Adoption	Adoption Order, Letter of Placement
Birth	Birth Certificate or Confirmation from Hospital of Delivery, Certified DNA Results, Custody Order, Letter of Placement
Foster Care Placement	Foster Care Placement Agreement, Custody Order, Letter of Placement
Other Legal Placements	Custody Order, Letter of Placement

IV. EMPLOYEE CERTIFICATION AND SIGNATURE

I certify that the information I have provided on this form is accurate and complete. I have read and understand the Paid Parental Leave (PPL) information available to me on the hr.unc.edu website. I understand that PPL runs concurrently with Family & Medical Leave (FMLA) and that any falsification of information may lead to appropriate administrative action, up to and including dismissal from UNC-CH.

Employee's Signature:		Date:	
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V. SUPERVISOR ACKNOWLEDGEMENT

Supervisor's Signature:		Date:	
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VI. ROUTING OF DOCUMENTATION

This form is part of UNC-CH's Leave Administration program. You must also complete the [Family & Medical Leave Request Form](#). Email both forms and the required qualifying event documentation to leave@unc.edu. For questions, please call Benefits & Leave Administration at 919-962-3071.