

BAYLOR UNIVERSITY

REQUEST FOR PAID PARENTAL LEAVE & PAID CAREGIVER LEAVE
BU-PP 421 & 423

Employee Name: Baylor ID Number:
Address: Phone:
City: State: Zip Code:
Department:
Chair/Supervisor:
Dean/Department Head:

Start of Leave: Date of Return from Leave:

Reason For Leave:
[ ] Parental Leave [ ] Caregiver Leave [ ] Other: \_\_\_\_\_

The following information is required only for individuals requesting Paid Parental Leave.

I certify that I meet all of the requirements for Paid Parental Leave:

- 1. I am the biological parent, newly adoptive parent or foster parent; and
2. I am a full-time, benefits-eligible staff member

Birth: Expected Date of Birth: \_\_\_/\_\_\_/\_\_\_
Adoption: Expected Date of Adoption: \_\_\_/\_\_\_/\_\_\_
Foster Care: Expected Date of Placement: \_\_\_/\_\_\_/\_\_\_

I acknowledge that any unused parental leave hours will be forfeited if not used within the 12-week period following the life event. I have attached an authorized placement document (adoption) or signed placement order (foster).

The following information is required only for individuals requesting Paid Caregiver Leave.

I certify that I meet all of the requirements for Paid Caregiver Leave:

- 1. I have a serious health condition, or I am the spouse, parent, or child of someone with a serious health condition; or my situation falls under an exception the University has made to allow for the use of Paid Caregiver Leave; or, I have met the requirements for Exigency Leave or Military Caregiver Leave; and
2. I am a benefits-eligible staff member

My leave is due to: [ ] My serious health condition [ ] The serious health condition of a family member [ ] Exigency or other Qualifying Leave

Is your family member a "covered" active service member (Exigency) or service member or veteran with a serious injury or illness (Military Caregiver Leave)? [ ] Yes [ ] No

Name of family member:
Their relationship to you:
BU ID (if possible):

I acknowledge that any unused caregiver leave hours will be forfeited if not used within the 12-month period following the initial request.

\*Note: Until you submit the request for Paid Parental Leave and/or Paid Caregiver Leave, you will be required to use your paid vacation and sick leave accruals immediately following the date of the event. This may be waived in emergency situations through proper HR approvals. All employees requesting for Paid Parental Leave and/or Paid Caregiver Leave for serious health conditions of self or immediate family member are also required to apply for FMLA.

Employee Signature	Date / /
Chair/Supervisor Signature	Date / /
Dean/Department Head Signature	Date / /

**Supervisor:** Please either print and mail or fax this completed form, or submit electronically:

Mail to: Baylor University, Human Resources,  
One Bear Place #97053, Waco, TX 76798-7053  
Or Fax to: (254) 710-3819  
Or submit electronic form by email to [askHR@baylor.edu](mailto:askHR@baylor.edu)

If you have questions, please contact us at: (254) 710-2000 or [askHR@baylor.edu](mailto:askHR@baylor.edu)

**HR Use Only:** Paid Leave Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Paid Leave Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

HR Authorization: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_