

Parental Leave Request Form

Notes for Employees:

- Please complete this form and send it to your FML Coordinator at least 21 days in advance of the date on which you wish to start Parental Leave.
- Please attach photocopies of documents for your eligibility to take Parental Leave
- Further information concerning Parental Leave can be found in HOOP Policy 107

Employee Name:
Employee ID:
Phone Number:
Email Address:
Manager:
Department:
Start Date of Requested Leave:
End Date of Requested Leave:

Please check one to confirm you are eligible for Parental Leave and ineligible for FML:
<input type="checkbox"/> You do not have 12 months of state service
<input type="checkbox"/> You have more than 12 months of state service, but your new hire date is following a break in service of greater than 7 years
<input type="checkbox"/> You have not worked more than 1250 hours in the last 12 months of your need for leave
Please check one:
<input type="checkbox"/> I wish to take Parental Leave immediately after the birth of my child who is due on Date:
<input type="checkbox"/> I wish to take Parental Leave immediately after the adoption of my child which is scheduled to take place on Date:

If you have any questions in regard to the form, please contact your FML Coordinator or Employee Relations.

Employee Relations Phone: (713) 500-3180
 Employee Relations Mailbox: hremployeerelations@uth.tmc.edu

FOR FML COORDINATORS ONLY
PARENTAL LEAVE REQUEST:
Approved Date:
Denied Date: