


**Leave application form for office doc**

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LEAVE APPLICATION FORM

Date: \_\_\_\_\_

Name (in block letters): \_\_\_\_\_ Code No: \_\_\_\_\_

Designation: \_\_\_\_\_ Dept: \_\_\_\_\_

Proposed leave: \_\_\_\_\_

Leave Address: \_\_\_\_\_

From (insertion Date): \_\_\_\_\_ To: \_\_\_\_\_ No. Of Days: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Leave: Searched/Not Searched \_\_\_\_\_ Signature of Searching Authority: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of HR: \_\_\_\_\_ Date: \_\_\_\_\_



**Holiday Request Form**

	Total holiday entitlement	
	Days taken to date	
	Days requested	
	Days remaining	
Name		
Date		
Current site		
Host employer		
College name		
College days		
Holiday dates requested		
Number of days:		
Reason for request:		
Employee signature		

For office use only

Decision		
By who		
Date host employer informed		
Host employer confirmed	Yes	No
Final decision	Yes	No
Date employee informed		



**REQUEST FOR PAID PARENTAL LEAVE**

This request should be made at least 30 days in advance of the date on which you wish to start parental leave, when practical. If both parents are eligible for parental leave, they will need to complete a separate Paid Parental Leave Request Form. Paid Parental Leave will run concurrent with the University's Family and Medical Leave (FML) Policy. Further information on Paid Parental Leave, including the terms and conditions, can be found at [www.hr.upenn.edu/policies-and-procedures/policy-manual/time-off/paid-parental-leave-policy](http://www.hr.upenn.edu/policies-and-procedures/policy-manual/time-off/paid-parental-leave-policy).

Complete and sign this form, attach all required documentation, and Mail to: FMLA Administrator, 3451 Walnut Street, 600 Franklin Bldg., Philadelphia, PA 19104-6205; Fax to: 215-405-2929; or Email to: HRFMLA@hr.upenn.edu

**A. Employee Information**

Employee Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Department Name: \_\_\_\_\_ Business Administrator: \_\_\_\_\_

BA Location \_\_\_\_\_ BA Phone: \_\_\_\_\_

**B. Leave Information**

I hereby give notice of my intent to take paid parental leave. I certify that I meet the eligibility requirements on the back of this form.

I plan to take \_\_\_\_\_ weeks (up to a maximum of four continuous weeks) of leave from \_\_\_\_\_ (first day of leave) to \_\_\_\_\_ (last day of leave).

**Reason for Requesting Leave:**

- Birth of a child – Expected Date of Birth: \_\_\_\_\_
- Adoption of a child – Expected Date of Placement: \_\_\_\_\_

I understand that I am required to use parental leave for the purpose of caring for or bonding with the newborn or newly adopted child.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (please print): \_\_\_\_\_

**C. Submission:** Submit this form directly to the FMLA Administrator along with:

- For Birth:** A copy of your child's birth certificate or hospital birth confirmation is required.
- For Adoption:** Official documentation from a Court, Agency, and/or Attorney is required.



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