



Section I - For Completion by the Employee: This form must be completed and returned to HR within 15 calendar days. Failure to return the form and any supporting documentation may result in the delay or denial of your Parental Leave request.

Form with fields: UT Austin Employee's Name, Employee's EID, Date, Employee's Address, Employee's Home Phone, Employee's Department, I Request Parental Leave for the Following Reason (with checkboxes for Birth of a Child and Adoption or Foster Care Placement), Expected Date of Birth, Adoption, or Placement, Age of Child (if for Adoption or Foster):

If your request for Parental Leave is due to the birth of a child, a healthcare provider must complete Section III below. If your request for Parental Leave (PL) is for the adoption or placement of a child under three years of age, then you must submit acceptable proof of placement or adoption such as a letter from a legitimate placement agency, or court order of adoption.

If your request is approved as PL, you will have the following responsibilities while on PL:

- You will be responsible for continuing to make your share of the premium payments on your health insurance to maintain benefits while you are on leave.
You will be required to use your available paid sick (when applicable), vacation, compensatory, and/or other leave during your PL absence.

If your request is approved as PL, you will have the following rights while on PL:

- You have a right under the Parental Leave Act for up to 12 weeks of unpaid leave that begins with the date of birth, adoption, or placement for foster care.
You have the right to continue your participation in the University's health insurance programs.
You must be reinstated to the same or an equivalent job with the same pay, benefits, and terms and conditions of employment on your return from PL.
If you become eligible for leave under the Family and Medical Leave Act (FMLA) during your PL, then you will be placed on FMLA for the remainder of your leave.

I certify that the information listed above is true and complete, and that I have read and understand my rights and responsibilities while on Parental Leave.

X Employee PRINTED Name and Signature Date

Section II - For Completion by Patient: I authorize my licensed practitioner to release the completed Request for Parental Leave and Certification of Healthcare Provider form to the administrators of the Parental Leave Act at The University of Texas at Austin.

X Patient PRINTED Name and Signature Date

Section III - For Completion by the Health Care Provider: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

Form with fields: Patient Name, Relationship to Employee, Is Condition Pregnancy? (Yes/No), Expected Delivery Date, Estimated Return to Work Date

X Health Care Provider Signature Health Care Provider PRINTED Name

SUBMIT FORM TO HR - Benefits & Leave Fax: (512) 471-7008
NEED HELP? HR - Benefits & Leave Phone: (512) 475-8099 HRS-LM@austin.utexas.edu

Date Phone Type of Practice / Medical Specialty