

Parental Leave Application Form - Staff

Employee Name: _____ BGSU ID: _____

Email: _____ Phone: _____

Department: _____

Position/Job Title: _____

Projected Date of Qualifying Event: _____

Requested Begin Date: _____ Requested End Date: _____

This is my: First Parental Leave at BGSU Second Parental Leave at BGSU

Is your spouse currently employed at BGSU: No Yes (Complete spousal section)

Name of Spouse: _____ Dept/School: _____

I am requesting Parental Leave and I confirm that my request meets the definition of Qualifying Event and satisfies the requirement for eligibility as states in BGSU Policy #3341-5-40. I acknowledge that my Parental Leave shall run concurrently with any approved FMLA Leave. I affirm that the information I provided is accurate.

Signature: _____ Date: _____

For HR use only:

Date form received: _____

Parental Leave Approved Parental Leave Denied

Approved begin date: _____ Approved end date: _____

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