

**COLLEGE OF THE HOLY CROSS**  
**Employee Application for Parental Leave**  
*(return application to Human Resources)*

Name: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Birth/Adoption Date: \_\_\_\_\_

Anticipated Date of Placement of Foster Child: \_\_\_\_\_

***Definitions:***

***Introductory Period:*** As defined in Holy Cross & You, Section 4.9; not to exceed 90 days.

***Primary Caregiver:*** The parent of a newborn or newly adopted child who is the primary individual providing care for such child at least a majority of the time during the time that the individual is absent from work.

***Please check applicable boxes and then confirm your affirmations with your signature:***

***1. I am requesting parental leave for the (choose one):***

- Birth of a newborn child
- Adoption of a newly adopted child
- Placement of a child for foster care

***2. Attestations (choose all that apply):***

- I affirm that I have completed my Introductory Period.
- I am the parent of this newborn/newly adopted child.
- I affirm that I intend to return to work at the College at the expiration of my leave.
- Both parents of the child are eligible employees of the College

**3. Primary or Non Primary Caregiver Attestation (choose one, if eligible for FMLA):**

I affirm that I will be the Primary Caregiver during the requested leave. As the Primary Caregiver, I am requesting \_\_\_\_\_ weeks of paid leave [not to exceed 8 weeks per birth/adoption] in connection with the care of a newborn child or child newly placed for adoption. I understand that this request is subject to my meeting the service eligibility requirements of the College’s Family Medical Leave Act Policy.

I will not be the Primary Caregiver (Non Primary Caregiver). I am requesting a one week of paid leave in connection with the care of a newborn child or child newly placed for adoption. I understand that this request is subject to my meeting the service eligibility requirements of the College’s Family Medical Leave Act Policy.

**4. Unpaid leave**

I request unpaid leave of \_\_\_\_\_ weeks.

- If you do not meet the service eligibility requirements of the College’s Family Medical Leave Act Policy, the unpaid leave request may not exceed 8 weeks.
- If you meet the service eligibility requirements of the College’s Family Medical Leave Act Policy, you are eligible for additional unpaid leave under FMLA after eight weeks of parental leave expires. The aggregate amount of paid leave requested above and unpaid leave typically will not exceed available leave under the College’s Family Medical Leave Act Policy [an aggregate of 12 weeks of leave, including paid and unpaid leave].
- Accrued but unused vacation, sick or personal time may be applied to the unpaid portion of an FMLA leave.

**5. Employee Acknowledgements:**

I have notified my supervisor that I am filing for Parental Leave.

I understand that if I meet the service eligibility requirements for FMLA, the College will designate an FMLA leave to run concurrent with an approved Parental Leave.

I understand that any deliberate misrepresentations made in this application are punishable pursuant to the College’s policies regarding misrepresentations by employees.

I certify that all of the statements made herein are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date