



University of Colorado  
Boulder

### Request for Paid Parental Leave for Students on Appointment

Last Name:

First Name:

Student ID number:

Colorado.edu e-mail:

Academic Advisor:

Employing Department:

Supervisor:

#### Appointment Details

Type:

Percentage:

Dates of Appointment:

Employee ID:

Dates of Leave:

Student Signature:

Supervisor Signature:

Chair of Employing Department:

Submit completed form along with required accompanying documents to [graduate.fundadmin@colorado.edu](mailto:graduate.fundadmin@colorado.edu) at least six weeks before requesting the leave.

Required accompanying documents:

PPRA Academic Work Plan

Assistantship Duties Work Plan

Documentation from a medical provider or adoption agency of the anticipated birth or adoption