Human Resources
UNIVERSITY OF COLORADO BOULDER

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Phone: 303 492 6475
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Parental Leave Agreement Form

Employee Name:	Employee ID:
Department:	Supervisor:

The intention of parental leave is to provide care and bonding time with a child during the first 12 months of the qualifying event (birth, adoption, foster care placement). Administrative Policy Statement 5019 entitles employees up to 6 months of leave https://www.cu.edu/ope/aps/5019. For Boulder Campus specifics, you can visit https://www.colorado.edu/policies/paid-parental-leave.

Anticipated date of birth/date of adoption/date of foster care placement:

Please choose one of the following options:

☐ I will be taking consecutive block leave (maximum is six months)

Estimated Parental Leave Start Date: _____ Estimated Parental Leave End Date: _____

My leave plan is as follows:

I will be using paid parental leave starting on _____ and ending on _____ .
I will be using my accrued sick leave starting on _____ and ending on _____ .
I will be using my accrued annual leave starting on _____ and ending on _____ .
I will be using unpaid leave starting on _____ and ending on _____ .

OR

☐ I will be requesting an alternative leave arrangement. Describe below, **in detail**, your requested leave arrangement – subject to supervisor/department approval. Include details such as intermittent leave, schedules, etc.

I am enrolled in short-term disability insurance:

☐ Yes
☐ No

I plan to exhaust all sick and annual leave:

☐ Yes ☐ N/A
☐ No, I will be reserving _____ hours of accrued annual leave for use after I return to work and my supervisor's signature below approves this request. *Note: This option is intended for employees who would like to be placed on unpaid leave prior to exhausting all of their annual leave. Employees have the option to save up to a maximum of 80 hours for use upon their return from parental leave. This option is only available after the 12 weeks of FMLA has ended.*

During periods of paid leave, benefit deductions will be taken from your paycheck as normal. During periods of unpaid leave, CU will continue to pay its share. Employees should contact Employee Services at 303-860-4200 to arrange payment of employee's benefits premium contribution.

_____
Employee Signature Date

_____
Supervisor Signature Date

This form will be stored within the department as well as with the FMLA Administrator. Your signature and the signature of your supervisor above indicate that the time reported on your MyLeave calendar is correct and up-to-date through today. You agree not to edit your MyLeave calendar starting from today and earlier after this request has been signed.