

Graduate Assistant/Associate (GA) Parental Leave Request Form

Part 1: To be Completed by GA	
First Name:	Last Name:
Student ID Number:	Email:
Estimated Due Date/Placement Date:	
Requested Dates for Leave with Pay (Start and End):	
<p>I, the undersigned Graduate Assistant/Associate, have read and understand the Graduate Assistant/Associate Parental Leave Program information. I attest that I am the child's primary caregiver as required by the program, and that I (nor my partner – if applicable) have not received prior GA Parental Leave.</p> <p>I also understand that the total requested period for paid leave may not exceed 6 weeks, and that the start and end dates listed are within my appointment period.</p> <p>I have also discussed Family and Medical Leave (FML) eligibility with my departmental Leave Coordinator and: <i>(please place a check mark next to the appropriate answer below)</i></p> <p><input type="checkbox"/> I am not eligible for FML.</p> <p><input type="checkbox"/> I am eligible for FML and I choose to have the first six weeks paid.</p> <p><input type="checkbox"/> I am eligible for FML and I choose to have the last six weeks paid.</p>	
GA Signature:	Date:

Part 2: To be Completed by Appointing Department		
Dept. Contact First and Last Name:		
Dept. Contact Email:	Phone #:	
Dept. Name and #:		
GA Supervisor First and Last Name:		
GA Supervisor Email:	Phone #:	
GA Annualized Salary:	GA FTE:	GA PCN:
GA Contract Start Date:	GA Contract End Date:	
<p>By signing below, I acknowledge that arrangements will be made to cover the appointee's assistantship/associateship duties during the duration of the Parental Leave. I will also ensure that the appropriate Time Reporting Codes for the approved leave are entered on the GA's timesheet for the applicable periods.</p> <ul style="list-style-type: none"> ○ PLG – Grad Asst Paid Parental Leave ○ FPLG – FML Asst Paid Parental Leave 		
GA Supervisor Signature:	Date:	

Please send the completed form with original signatures to:
 Rachel Nielsen – Graduate College - Manager, Business and Finance
 Administration Building, Room 322
 Phone: (520) 621-5195
 Email: rnielsen@grad.arizona.edu