

Old Dominion University
Parental Leave Request

FMLA eligible employees may take up eight (8) weeks (320) hours of paid parental leave to be used within six (6) months of the birth of an infant or adoptive, foster, or custodial placement of a child under the age of eighteen (18). Please complete and return this request form to the Department of Human Resources at benefits@odu.edu.

Employee Name: _____ UIN: _____
(Last, First, Middle)

State Hire Date: _____

Work Phone: _____ Work Email: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Home Email: _____

Have you notified your supervisor of your leave request? Yes No

Supervisor Name: _____ Phone: _____

Reason for Parental Leave (select from drop down) or write in reason: _____

Do you have a spouse who is employed by Old Dominion University? Yes No

If yes, is your spouse requesting Parental Leave? Yes No

Approximate Length of Leave:

Leave Begin Date: _____ Return to Work Date: _____

Please Note: If your leave begin and/or return dates change, you must notify the Human Resources Benefits Office immediately.

Signature: _____ Date: _____