

Section 1: Employee Information

Name: _____ Tech ID: _____
First MI Last

Department: _____ Job Title: _____

Supervisor: _____ Work Phone: _____
First Last

Last Day Worked: _____ Period of Absence Requested: _____
From: Through:

Where I can be reached during leave:

Address: _____ Telephone: _____
Street or P.O. Box City Zip

Section 2: Circumstance Supporting Request for Leave

Parental leave is limited to and begins on the date of the birth of a natural child of the employee or the adoption by or foster care placement with the employee of a child younger than three years of age.

Parental Leave (Please check one):

- Birth of my child on _____
Date:
- To care for my child born on _____
Date:
- The placement of a child under 3 years of age with me for adoption or foster care.

(Please check one):

- My spouse IS employed by the State of Texas.
- My spouse IS NOT employed by the State of Texas.

*For birth of a child: Attach appropriate Medical documentation

*For placement of a child with adoption or foster care: Attach Adoption/Foster Care Placement Certification

Section 3: Certification *NOTE: Evidence of birth, adoption, or foster-care placement will be required before leave is granted.*

I certify that I intend to return to the position listed above at the end of this leave.

Employee Signature: _____ Date: _____

Please return the completed form to the employee or submit directly to Texas Tech University Human Resources

Mail: Human Resources PO Box 41093 Lubbock, TX 79409

Fax: 806-742-3666

E-mail: hr.talent.management@ttu.edu