



Parental Leave Agreement Form

Employee Name:	Employee ID:
Job Title:	Department:
Supervisor:	Arrival Date (Approximated):

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 unpaid leave: <https://www.cu.edu/ope/aps/5019>. The 160 hours of paid parental leave provided by the university must be used in a block of time and cannot be used intermittently.

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: _____

OR

I will be requesting an alternative leave arrangement (describe below – subject to supervisor/department approval)

Please indicate an approximation how you intend to use your leave:

Type of leave	# of Hours	Projected dates to be used

Note: Sick and vacation must be used while covered under FMLA. Parental Leave will run concurrently with FMLA for the first 12 weeks. During the FMLA period, HR will charge the employee’s leave balances accordingly in the following order:

1. Sick Leave or Parental Leave
2. Short-term Disability (if applicable)
3. Parental Leave or Vacation Leave

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. Employee should contact Employee Services at 303-860-4200 to arrange payment of employee’s benefits premium contribution.

Employee Signature Date

Supervisor Signature Date

Human Resources Signature Date