

## Parental Leave Employee Checklist for Birth Parent (Campus HR)

- Request time off work:** Follow your department's normal procedure for requesting leave, providing as much advance notice as possible. If at least 30 days' advance notice is not possible, you must request leave as soon as you know you will need to be away from work.
- Make a Workday request** (or work with your department to ensure a request is made on your behalf) for the entire period you are requesting to take off, including weekends. Use the "LOA – General Leave Request – Becoming a Parent" leave type for your request.
- ONLY FOR EMPLOYEES WHO EARN TIME OFF EACH MONTH  
If you want to participate in the **Parental Shared Leave Program**, please check the box in part 1 of the form and make a Workday request for the entire shared leave time-period you are requesting to take off, including weekends. Use the "LOA – Parental Shared Leave of Absence" leave type for your request. For more information regarding the Parental Shared Leave Program, see <https://hr.uw.edu/ops/leaves/shared-leave-options/shared-leave/>
- You or your attending healthcare provider **return the attached request form** to [hrleaves@uw.edu](mailto:hrleaves@uw.edu) or via fax to (206) 685-0636. Upon receipt, you will receive an e-mail from Campus HR confirming the arrival of the document.
- Your Campus HR Leave Specialist will review your request in conjunction with your rights under FMLA and the University's Parental Leave Policy (staff) or (FMLA and the Faculty Sick Leave Policy (faculty). This review will be followed by an e-mail designating your leave period.
- Work with your department to **ensure time offs** (unpaid time off, sick time off, vacation time off, parental shared leave, personal holiday, etc.) **are applied** to each regularly scheduled workday during your approved leave period. Check your employment program or collective bargaining agreement for eligible time offs.
- Review information on UWHR's website:
  - o **Pregnancy accommodation** - <https://hr.uw.edu/policies/pregnancy-accommodation>
  - o **UW childcare resources** - <https://hr.uw.edu/worklife/child-care-and-caregiving>
- Contact UW Benefits to discuss **health care coverage** and/or **new dependent** information at 206-543-8000 or [ischelp@uw.edu](mailto:ischelp@uw.edu).
- Contact us at [hrleaves@uw.edu](mailto:hrleaves@uw.edu) as soon as possible if your leave dates need to be changed or adjusted, or if you have any additional questions.**



UNIVERSITY of WASHINGTON  
HUMAN RESOURCES

(not for HMC or UWMC staff)

**Family and Medical Leave  
Health Care Provider Certification for Pregnancy and  
Childbirth-related Disability and Parental Leave**

**Return the completed form to:**

**Campus HR Operations & Services**  
Roosevelt Commons West  
Box 354963  
4300 Roosevelt Way NE  
Seattle, WA 98195-4963  
Fax: (206) 685-0636  
Email: [hrleaves@uw.edu](mailto:hrleaves@uw.edu)

**Do not submit it to your unit or  
department.**

**PART 1- Employee Information: To Be Completed by Employee**

Employee name:	EID:	Employee phone:	Employee email:
Department:	Manager's name:	Manager's email:	
I am requesting continuous time off work <input type="checkbox"/> No <input type="checkbox"/> Yes		I am requesting a reduced work schedule as follows <input type="checkbox"/> No <input type="checkbox"/> Yes	
From (date)	to (date)	hours/day for	days/week until (date)
I am requesting an intermittent work schedule <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, describe requested schedule (please print):			
LEAVE ACCRUING EMPLOYEES ONLY I am requesting Parental Shared Leave: <input type="checkbox"/> No <input type="checkbox"/> Yes		FACULTY ONLY I am requesting Faculty Paid Sick Leave: <input type="checkbox"/> No <input type="checkbox"/> Yes	

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2 – Medical Facts: To Be Completed by Health Care Provider**

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

**Our employee is requesting time off from work or a modified work schedule under the FMLA as the birth parent of a newborn child. Please provide the information requested below.**

Expected date of delivery for your patient: \_\_\_\_\_

Expected dates of patient's physical incapacity due to pregnancy and delivery (generally 6 weeks post-delivery {8 weeks for C-Section} unless other complications arise).  
From (date): \_\_\_\_\_ to (date): \_\_\_\_\_

**Health Care Provider Information** (please print or attach business card)

Name: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_