

PARENTAL LEAVE REQUEST

According to Snow College Policy #340, an Eligible Employee that becomes a legal parent due to birth, adoption of a child, or the placement of a foster child is eligible for up to 80 hours of paid parental leave. Birth, Adoption and Foster Care Placement Leave must be used within 30 calendar days after the the birth, adoption or placement of a foster child and may be used for 10 consecutive working days or on an intermittent basis as agreed upon in writing with the immediate supervisor.

Snow College requires employees to give their supervisor 30 days notice of their intent to take Birth, Adoption and Foster Care Placement Leave when possible. If unanticipated circumstances prevent the employee from giving 30 days notice, the employee should notify their supervisor and Human Resources (HR) as soon as possible. To request Parental Leave, complete this form, have your supervisor review and sign your request, and submit the form to the Employee Relations Specialist in HR. Once your child is born or placed with you, please contact Human Resources at (435)283-7043 or email HR@snow.edu so that the leave time can be added to your leave balance. Additionally, please contact HR with any questions that you have in regard to Birth, Adoption and Foster Care Placement Leave.

Employee Information:

Employee Name	Employee ID#	Job Title
Supervisor Name	Department	

Please Indicate Your Plans to Use Leave Time:

Anticipated Birth or Adoption Date:

I intend to use all 80 hours consecutively and plan to take the following days off

I intend to use the 80 hours intermittently within 30 days of becoming a parent

I plan to take the following dates off:

(Please enter approximate leave dates here)

Tracking Time Off Due to Birth, Adoption and Foster Care Placement:

Employee records leave hours in Badger Web using the following instructions:

- ➔ **Go to <https://www.snow.edu/badgerweb>**
- ➔ **Employee Dashboard**
- ➔ **Enter Leave Report**
- ➔ **Start Leave Report**
- ➔ Click on calendar date and select earn code **Birth & Adopt Leave**, enter hours taken in the **Hours** field, then click **Save**
- ➔ Leave report is submitted as usual after the end of the month

Acknowledgment Signatures:

I understand and agree to abide by the terms and conditions associated with the benefits I am requesting. I also understand that I am to perform no work during paid parental leave. If I decide to take additional time off under FMLA guidelines, these hours may count toward the FMLA rules. If changes occur that affect my leave, I will immediately notify my supervisor and my HR representative of those

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Representative Signature: _____ Date: _____