BYU HAWAII
BRIGHAM YOUNG UNIVERSITY–HAWAII
Human Resources

REQUEST FOR PAID LEAVE

MEDICAL MATERNITY LEAVE, PARENTAL LEAVE, AND SHORT-TERM DISABILITY

Employees are expected to give at least one week's notice of the need for leave whenever possible. If emergency circumstances prevent the employee from giving one week's notice, the employee is expected to give as much notice as possible. Family and medical leave (FMLA) will run concurrently with the leaves of absence listed on this form. After the employee and supervisor have signed this form, completed forms should be sent to **EmployeeBenefits@byuh.edu**.

EMPLOYEE INFORMATION	
Employee Name:	Employee ID:
Department:	Date:
Estimated date leave is to begin:	Estimated date of return to work:

REASON FOR LEAVE	
☐ Medical maternity leave – 6 calendar weeks	Delivery date:
☐ Parental leave – 6 calendar weeks or one semester	Birthdate or adoption date:
☐ Short-term disability	Qualifying date:

BENEFITS PARTICIPATION DURING LEAVE
All insurance premiums and other standard deductions will continue to be deducted from the employee's pre-tax earnings.
Notes:

ACKNOWLEDGMENT		
I understand and agree to abide by the terms and conditions associated with my benefits I am requesting. I acknowledge that I have notified my supervisor and Human Resources of my leave of absence for the reason noted above. I understand that no work is to be performed during this period. If changes occur that affect my leave, I understand that it is my responsibility to notify my supervisor and Human Resources of those changes.		
Employee Signature:	Supervisor Signature:	Human Resources Signature:
Date:	Date:	Date:

FOR OFFICE USE ONLY	
FMLA eligible? ☐ Yes ☐ No	Leave hours entered in Workday? ☐ Yes ☐ No
FMLA hours available:	Initials:
Eligible for other state or local programs ☐ Yes ☐ No	Location:

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