



## Parental Leave Request Form for Graduate Students

Primary care giver graduate students who wish to request parental leave for up to **eight weeks** should complete and submit this form at least 60 days prior (when possible) to the anticipated childbirth or adoption. Submit the completed and signed form to the Senior Associate Dean for Graduate Education, Box 316. Refer to the Parental Leave Policy for Graduate Students for additional information.

Name (Last, First, M):

UID:  Phone Number:

E-mail Address:

Program Name

Program Entry Date:  Degree:

Application Date:

If the other parent is also a graduate student at the University of Rochester, please provide:

Name:

Program Name

Estimated Date of Birth or Adoption:

*Note: Include a brief statement from your medical service provider/adoption professional stating a best estimate for delivery/adoption date.*

Requested Parental Leave Dates:

From:  To:

Funding Source(s) During Leave:  
(to be filled out by the Graduate Coordinator)

Account Signature

Date

Acct. #:  %

Acct. #:  %

Acct. #:  %

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\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

**Senior Associate Dean for Graduate Education**

\_\_\_\_\_  
Senior Associate Dean Signature

\_\_\_\_\_  
Date