

Parental Leave Request Form for Graduate Students

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. Refer to the [Parental Leave Policy for Graduate Students](https://www.urmc.rochester.edu/education/graduate/trainee-handbook/policies-benefits/family-friendly-policies.aspx) for additional information. Submit the completed and signed form to [registrar@rochester.edu](mailto:registrar@rochester.edu).

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last, First, M): | Enter text. | | |
|  | | | |
| URID: | Enter text. | Phone Number: | Enter text. |
|  | | |  |
| Email Address: | Enter text. | | |
|  |  | | |
| Program Name: | Choose an item. | | |
|  | |  | |
| Program Entry Date: | MM/DD/YYYY | Degree: | Enter text. |
|  |  |  |  |
| Application Date: | MM/DD/YYYY | | |

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

|  |  |  |
| --- | --- | --- |
| Name: | Enter text. | |
|  | | |
| Program Name: | Choose an item. | |
|  | | |
| Estimated Date of Birth or Adoption: | | Enter text. |

*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: | MM/DD/YYYY | To: | MM/DD/YYYY |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Funding Source(s) During Leave:  (To be filled out by the Graduate Coordinator) | | | | | Account Signature | Date |
|  |  |  |  |  |  | |
| Acct. #: | Enter text. | % | Text |  |  | |
|  |  |  |  |  |  | |
| Acct. #: | Enter text. | % | Text |  |  | |
|  |  |  |  |  |  | |
| Acct. #: | Enter text. | % | Text |  |  | |
|  | | | | | | |

*Student Signature Date Advisor Signature Date*

*Program Director Signature Date*