



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 Dean of Graduate Education and Postdoctoral Affairs for Arts, Sciences and Engineering, Lattimore 206. Refer to the Parental Leave Policy for Graduate Students for additional information.

Name (Last, First, M): _____

URID: _____ Phone Number: _____

Email Address: _____

Program: _____

Program Entry Date: _____ Degree: _____

Application Date: _____

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

Name: _____

Program: _____

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:	Account Signature	Date
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Acct. #: _____ % _____	_____	_____
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Acct. #: _____ % _____	_____	_____
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Acct. #: _____ % _____	_____	_____
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_____ <i>Student Signature</i>	_____ <i>Date</i>	_____ <i>Advisor Signature</i>	_____ <i>Date</i>
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Dean of Graduate Education and Postdoctoral Affairs

_____ <i>Dean Signature</i>	_____ <i>Date</i>
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