

**Post Doctoral Fellow Request for Parental
Leave**

Notes for HRTC
 Effective Date:
 End Date:
 Position Number:
 Suffix:
 JCRC: Other Paid Leave

Date: _____ Department: _____

Post Doctoral Fellow Name: _____ UNM ID: _____

Department Contact: _____

Leave Start Date: _____ Leave End Date: _____

Date of Birth/Placement in Home: _____

 Faculty Signature

 Date

Additional Documentation:

Parental leave request must be accompanied by a departmental plan for covering the post doctoral fellow's duties during period of leave from Chair/PI. It must address the plan to mitigate impact to grantors, including grantor approval to fund paid leave request, if applicable.

Recommendations:

 Department Chair

_____ Date

Approved
 Denied

 Dean/Designee

_____ Date

Approved
 Denied

 Branch Chancellor (if applicable)

_____ Date

Approved
 Denied

 Provost/Designee

_____ Date

Approved
 Denied