



following the birth of their child, or upon either the initial placement for adoption or the legal adoption of a child under the age of 18. Refer to the **Parental Leave Policy** at <http://www.usi.edu/policies/handbook>

_____. Forward completed form to a benefit representative in the **Human Resources Department**.

Employee Signature _____ Date _____

For Faculty Members: I acknowledge that I have reviewed plans for coverage of responsibilities and received approval from my Dean and Chair.
Faculty Signature _____ Date _____

For Human Resources Department Use:

Actual Event Date (if different from above) _____

Dates Taken: Begin Date _____ End Date _____

Benefit Rep: _____ Date _____ Payroll Rep _____ Date _____