

**WVU Division of Human Resources – Benefits Administration, Medical Management**

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**Request for Unpaid Parental Leave of Absence**

**I. EMPLOYEE-Please Print:**

Employee Name: Last, First MI	Date of Birth:
Employee #:	Home Phone #:
Home Phone #:	Work Phone #:

**I hereby request an Unpaid Parental Leave of Absence from West Virginia University for the following date(s):**

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Number of Hours: \_\_\_\_\_  
*\*Start date is subject to change for expectant mothers only.*

**Reason for request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that I must first exhaust all of my accrued annual leave prior to beginning parental leave and that I will not receive pay for hours on approved parental leave. I also understand that my request may be denied. I further understand that to continue group health insurance coverage, I will be responsible for paying West Virginia University the full employee and employer premium costs. Failure to provide payment for benefits may result in cancellation of coverages.

\_\_\_\_\_  
Signature: Employee Date

**II. DEPARTMENT**

<input type="checkbox"/> Approved
<input type="checkbox"/> Approved-Modified: Start Date: _____ End Date: _____
<input type="checkbox"/> Denied: Reason for Denial: _____

\_\_\_\_\_  
Signature: Dean/Director/Administrator Date

**CENTRAL HR USE ONLY**

Approved  Denied (Reason) \_\_\_\_\_

\_\_\_\_\_  
Signature: Date