



VILLANOVA  
UNIVERSITY

**PARENTAL LEAVE REQUEST** (To be completed by Employee)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Supervisor/Department Chair's Name: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

I am requesting a Parental Leave due to:

- the birth of my child  
 the placement of my adopted child or foster child in my home

Leave to begin: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

Leave will be:

Full Time  Intermittent (partial weeks)  Reduced work schedule (partial days)

\*\* Please note, before leave can be finalized, a copy of the birth certificate is required.

I understand that a failure to return to work at the end of my approved leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing by Villanova University Human Resources Department.

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

Received in Human Resources by: \_\_\_\_\_ Date: \_\_\_\_\_