

REQUEST FOR PAID SUPPLEMENTAL PARENTAL LEAVE (SPL) HOURS

The Board of Regents Policy 3.3.13 on Parental Leave stipulates a regular employee holding Faculty, Administrative, Manager/Professional, Office/Service, or Post-doctoral appointments are eligible to receive up to a total of eight (8) workweeks/320 hours (prorated to FTE) of paid leave for: 1) Care of a Newborn 2) Period of Incapacity, Prenatal Care, or Serious Health Condition Related to Childbearing 3) Care for a Birth Parent 4) Adoption. To review the policy in full: [Regent Policy 3.3.13](#)

Complete this form for paid Supplemental Parental Leave (SPL) hours only if all sick leave will have been exhausted before/during your leave. Please send the completed SPL form to Human Resources-Employee Relations at [erdocuments@unmc.edu](mailto:erdocuments@unmc.edu).

Name (Employee Requesting SPL Hours): \_\_\_\_\_

NUID or Personnel #: \_\_\_\_\_

College/Unit and Department/College: \_\_\_\_\_

Supervisor name: \_\_\_\_\_

Anticipated Parental Leave Timeframe: \_\_\_\_\_

Anticipated SPL Start Date: \_\_\_\_\_ Anticipated SPL End Date: \_\_\_\_\_

Total Number of anticipated SPL hours requested: \_\_\_\_\_

*\* When calculating the Total Number of anticipated SPL hours requested, please determine the following:*

- A. Accrued Sick Leave hours on date leave begins: \_\_\_\_\_
- B. Maximum Parental Leave hours available: 320 hours (prorated to FTE)
- C. Subtract A from B to determine Total Number of anticipated SPL hours requested.

Qualifying Reason (select one)

I am requesting paid leave for the following reason:

- ☐ 1) Care of a Newborn (*foster parents are not eligible for leave*)
- ☐ 2) Period of Incapacity, Prenatal Care, or Serious Health Condition Related to Childbearing
- ☐ 3) Care for Birth Parent
- ☐ 4) Adoption

Employee Certification

I certify that the information provided above is true and accurate. I understand that all available sick leave must be utilized prior to being eligible for paid leave under this policy. I understand that submission of this form does not guarantee approval, and that Human Resources-Employee Relations may request additional documentation to process this request. [NOTE: additional documentation is submitted to Human Resources-Employee Relations not the immediate supervisor]

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Approval Signatures:

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Human Resources-Employee Relations

If you have additional questions, please contact Human Resources-Employee Relations at [erdocuments@unmc.edu](mailto:erdocuments@unmc.edu).