

UNIVERSITY OF NEBRASKA
REQUEST FOR ADOPTION LEAVE AND
IDENTIFICATION OF PRIMARY CARE GIVER

Name (please print)

Social security number

Home address

Campus address

Department

Supervisor's name

1. I request adoption leave beginning _____ and continuing through _____ for the placement of a child with me for adoption

2. The Primary Care Giver is _____

3. Total hours of anticipated absence _____

4. This leave is to be: _____ paid _____ unpaid _____ combination

5. If this leave is to be paid or if it is to be a combination of paid and unpaid leave, please show number of hours of for each:

vacation _____ sick _____ unpaid leave _____

6. Have you taken leave of five consecutive days or more for adoption, foster parenting, funeral or the care of an ill family member within the past 12 months?
_____ Yes _____ No

If yes, please give dates: _____

*Please note that leave of five consecutive days or more taken for any of the above reasons applies toward the twelve weeks of eligibility for leave provided in the Family/Medical Leave Act.

I understand:

- Documentation may be requested to validate this request for adoption leave
- That the University will continue employer contributions for my benefits, and that I am responsible for arranging coverage with the Benefits Office

Employee signature

Date

Supervisor's approval

Date

Dean/Director's approval

Date

Please send original leave request with signatures to Department of Human Resources and keep a copy in the employee's department and send copy to the employee requesting leave