

Your Name: _____

What category of leave do you need?

- Delivering Parent
- Non-Delivering Parent
- Adopting Parent

Estimated start date for your leave: _____

How long do you want to be out? _____

Do you wish to use all available accruals? Note that sick leave usage is limited to disability and family sick leave rules.

- Yes
- No

Do you wish to take any Leave Without Pay (LWOP)?

- Yes
- No

Do you plan to utilize Paid Family Leave (PFL)? Currently Management Confidential and UUP-represented employees who meet eligibility requirements are eligible for PFL.

- Yes
- No

Who is going to complete your time record while you are out?

Any additional notes or questions? _____

Once the form is completed in its entirety, please return it to Time Records (UAB-300) or email it to timerecords@albany.edu.