



# EMPLOYEE ACKNOWLEDGMENT FOR BIRTH/PLACEMENT AND PARENTAL LEAVE BENEFITS

**SUPERVISOR SECTION: COMPLETE AND GIVE TO EMPLOYEE**

DATE: \_\_\_\_\_ Employee 10-digit ID: \_\_\_\_\_  
TO: \_\_\_\_\_

FROM: \_\_\_\_\_  
College or Department Name College or Department Number

The employee has requested the following leave:

- FMLA Leave
- ASU Leave:
  - Extended Leave of Absence (Staff)
  - Health-related Leave with Pay (Faculty/Sick)
  - Leave of Absence without Pay (Faculty)

Is the employee requesting Parental Leave Benefits?

- Yes
- No

**EMPLOYEE SECTION: COMPLETE AND SUBMIT TO DEPARTMENT LEAVES REPRESENTATIVE**

I have requested a leave of absence effective \_\_\_\_\_ for:

Leaves eligible for Parental Leave Benefits:

- The birth of my child \*
- The placement of a child for adoption

Leaves NOT ELIGIBLE for Parental Leave Benefits:

- The birth of a child to my eligible child
- The placement of a child for foster care

➤ I acknowledge that I am eligible under ASU policy definition for the leave I am requesting.

➤ I agree to provide ASU with a copy of the child’s birth certificate or official adoption/foster care documentation within two months of either the date of birth or the date of placement. (You have **30 calendar days** from the date of the event to request eligible benefit changes by submitting a **Benefits Enrollment/Change Form** located in the HR Forms section of the Human Resources website.)

➤ If I am entitled to ASU Parental Leave Benefits and do not provide the requested documentation, I understand that I will be required to repay any monetary benefits I received under the ASU Parental Leave Benefits policy.

\_\_\_\_\_  
Name of Employee

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

\_\_\_\_\_  
Date

\* NOTE: The birth mother must complete the Certification of Health Care Provider instead of this form.