

1. Name:

2. Department:

3. Reason for leave:

Birth Adoption Foster Care Legal Guardianship

Expected date of birth, adoption or placement:

4. Date leave expected to begin:

Date leave expected to end:

5. Staff member signature _____ Date _____

PRINT supervisor's name:

In addition to this request form, proof of birth (e.g., birth certificate) and/or proof of placement (e.g., letter showing placement of adoption, foster care or legal guardianship) will be required within 30 days of the event date.

Return request form to: Email: leavemgmt@andrew.cmu.edu
Fax: 412-268-7068
Physical Location: UTDC