

WVU Central Human Resources Department-Benefits Office
PO Box 6640 • One Waterfront Place • Morgantown, WV 26506 • (304) 293-5700 x 4 •
benefits@mail.wvu.edu

Request for a Parental Leave of Absence

I. EMPLOYEE-Please Print:

Employee Name: Last, First MI	Date of Birth
Employee #:	Institution <input type="checkbox"/> WVU-Main <input type="checkbox"/> WVU-HSC Charleston <input type="checkbox"/> WVU-P <input type="checkbox"/> WVU-PSC <input type="checkbox"/> WVU-Tech
Home Phone #:	Work Phone #:
I hereby request a Parental Leave of Absence from West Virginia University for the following date(s):	
Start Date: _____ End Date: _____	
Reason for request: _____ _____ _____	
I understand that my request may be denied. I understand that I will not receive pay for hours on a parental leave of absence. I further understand that I will be billed for payment to continue any insurance benefits through West Virginia University. Failure to provide payment will result in the cancellation of benefits.	
_____ Signature: Employee	_____ Date

II. DEPARTMENT

<input type="checkbox"/> Approved
<input type="checkbox"/> Approved-Modified: Start Date: _____ End Date: _____
<input type="checkbox"/> Denied: Reason for Denial: _____
_____ Signature: Dean/Director/Administrator
_____ Date

Please contact Medical Management at (304) 293-5700 ext. 8 if you have any questions regarding Parental Leave.
Please fax a copy of the completed request to Medical Management at (304) 293-2644.