

Harvard T.H. Chan School of Public Health
Office of Faculty Affairs

PARENTAL LEAVE FORM

For Research Scientists, Research Associates, Instructors, Research Fellows and Visiting Scientists

EMPLOYEE INFORMATION

Last Name _____ First Name _____

Harvard I.D. # _____ Email address _____

Home Address _____

City _____ State _____ Zip Code _____

Home telephone:

DEPARTMENT INFORMATION

Department name _____ Appointment title _____

Last date worked _____ Baby's birth date _____

Parental leave dates:

Maximum 12 weeks of paid parental leave from _____ to _____

Will this leave be taken intermittently? Yes No

If yes, please outline schedule:

SIGNATURES

Appointee Date

Department Administrator Date

Please Note: By signing this document, I certify that personal and vacation time has been verified, and have confirmed the allow-ability of the costing.