

**Parental Leave Recipient Form**

**Instructions:** Complete and return this form to RBC Human Resources or email to [rbchr@rbc.edu](mailto:rbchr@rbc.edu).

**Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ R-Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classified:**  **Administrator:**  **Faculty:**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| Purpose of leave: |
| Estimated length of absence (from\_\_\_\_ to \_\_\_\_): |
| Estimated number of hours needed (notify HR if all hours are not used): |
| ***My signature below indicates that I understand my rights as outlined in the Parental Leave Guidelines and agree to the procedures. I must submit this completed form with supporting documentation to RBC Human Resources.***  Applicant signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Supervisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Approve: Yes/No**  ***My signature below indicates that I am aware of this employee’s request for Parental Leave and I will ensure that Personnel Action Forms are completed for leave of absence and reinstatement as necessary.***  Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |