

**Parental Leave Recipient Form**

**Instructions:** Complete and return this form to RBC Human Resources or email to 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |