

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

PARENTAL LEAVE FORM

For 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:  
Will appointee supplement leave pay? Yes No  
If yes, how will the employee cover the supplement? vacation days number: \_\_\_\_\_  
personal days number: \_\_\_\_\_

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.