

UAB MSTP Parental Leave of Absence Request

Date:

To Whom It May Concern:

This form is to request a parental leave of absence for a qualified event under the Parental Medical Leave policy found in the MSTP Handbook.

I expect that my leave will begin on _____ and continue through _____.

I understand that parental leave of absence is approved for 30 consecutive days per calendar year with pay upon the birth or adoption of a child. If I exceed the allotted time given, I will be moved to unpaid status until my return to UAB and MSTP.

Additionally, I understand that the Graduate School and the SOM have different policies surrounding parental LOA and that MSTP will impose the most relevant policy depending on my current student status upon the birth or adoption of a child.

Sincerely,

Student's Name (please sign and print your name) Date

Theme or Department Affiliation

APPROVED BY: **Mentor** (please sign and print your name) Date

APPROVED BY: **MSTP Director** (please sign and print your name) Date