



INSTRUCTIONS: Please submit this Adobe Acrobat Form prior to initiating a Leave of Absence transaction in Workday. Send the form to Postdoctoral Affairs via email to *abby.davi@yale.edu* or by fax to 203-785-3734.

### 1. Appointee Information

Last Name: Department:  
First Name: Faculty Mentor Name:  
Title: Postdoctoral Associate  
Postdoctoral Fellow

Type of Leave: **Parental** (maternity or paternity). For the birth or adoption of a child.  
*(first 8 weeks are paid; subsequent leave is unpaid)*  
**Caregiver**. For the care of family members for reasons other than Parental leave.  
*(unpaid)*  
**Other**. State the reason:  
*(unpaid)*

Leave Start Date: Leave End Date:

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### 2. Parental Information - Complete ONLY if requesting Parental leave

Spouse/Partner Last Name:  
Spouse/Partner First Name:  
Spouse/Partner Employer Name:

**I, the postdoctoral appointee who is requesting the leave, certify that I am the primary caregiver and that my spouse/partner named above works at least half-time at the employer noted above.**

Appointee's Signature: Date:

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### 3. Departmental Acknowledgment

The departmental business office will confer with the Faculty Mentor and Appointee about the start/end dates of the leave and will enter a Leave of Absence transaction in Workday.

Business Office Representative Name: Date: