

INSTRUCTIONS: Review the [Leaves Policy](#) and submit this form prior to initiating a Leave of Absence transaction in Workday. International Appointees must inform their OISS advisor of any leave. Email the completed form to: postdoc.affairs@yale.edu

Appointee Information

Last Name:

Department:

First Name:

Faculty Mentor Name:

Title: Postdoctoral Associate

Postgraduate Associate

*Postdoctoral and Postgraduate Associates may be eligible for Connecticut State Paid Leave Act – ctpaidleave.org.

Type of Leave: **Parental** Birth or adoption of a child

Medical Care of self for reasons other than Parental leave. Medical provider note may be required.

Caregiver Care of family members for reasons other than Parental leave

Other State the reason:

Leave Start Date:

Leave End Date:

Trainee Acknowledgement

I acknowledge that I must enroll in the Connecticut State Paid Leave and inform the business office for my academic unit. I understand that I will need to complete and submit the CT Paid Leave Employer Verification form.

Appointee's Signature: _____

Date:

Complete for Parental Leave:

I, the individual who is requesting the leave, certify that I assume significant and sustained responsibility for the care of a newborn or newly adopted child; I am expected to be the caregiver at least half-time during normal working hours throughout the period of the leave.

Appointee's Signature: _____

Date:

Departmental Acknowledgment

Once the leave of absence form is approved by Postdoctoral Affairs, enter the leave into Workday using the guide entitled Leave of Absence: Non-Academic (Time Off). To end a leave of absence, you must return the individual from leave in Workday and enter a return-to-work date (refer to the guide). Entering an estimated date of return does not automatically return the individual from leave status.

Business Office Representative Name:

Date:

For Postdoctoral Affairs use only

Approved

Not Approved

Signature: _____

Date: