

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: