

Maternity Leave Request Form

Policy Overview

Maternity leave is available to eligible employees for the birth and the care of a newborn child. The eligible mother may only use this benefit once per rolling calendar year and the amount of leave given does not increase based on multiple births. Maternity leave does not include paternity leave for the birth of a child. Refer to section 6.12 of the employee handbook for more details.

Requesting Leave

- Eligible **staff** must request FML and Maternity Leave **at least 30 days prior** to the expected due date.
- Eligible **faculty** must request benefits **3 months prior to the start of the Fall or Spring** semester in which they will use the benefit.
- The leave request form should be completed and **emailed to Benefits@Liberty.edu**.

Request Form

Employee Name:

LU ID:

Reason for leave: Birth Adoption

Expected Due Date or Adoption Date:

Expected length of leave:

Expected Return to work date:

Do you intend to request extended unpaid/part-time work from your department? Yes No
(You can change your answer later)

I Certify The Following

- I have received and read a copy of the Liberty University Paid Maternity Leave Policy and understand any unused portion of the benefit will be forfeited.
- I understand that should I not return to work for at least 30 days following my leave of absence, I may be required to return some or all of the payments received as part of the benefit.
- I understand my request to take up to 4 weeks of additional unpaid leave or part-time work is subject to department approval and is not guaranteed.
- I understand I will need to contact Human Resources after the date of birth/adoption to confirm my leave of absence. Failure to provide timely notification may result in delays of paid benefits.
- I certify that I have read the information provided on this form and the information I provided is correct and complete.

Signature: _____

Date: _____