

**Family and Medical Leave****Request for Parental Leave for Parent Other than the Birth Mother**

**Return the completed form as soon as possible (but no later than 15 calendar days after the date you receive it), to the appropriate office indicated below.**

**Contact the appropriate office if you have questions or believe that you will not be able to return the completed form within the specified timeframe.**

Employee name:

DANIEL GEBREGLASSIE

EID:

845-005-904

Employee phone:

Employee email:

wonder19@uw.edu

Department:

FOOD SERVICE

Supervisor's name:

Gary Alegio

Expected date of baby's delivery/adoption/becoming a foster parent:

I am requesting continuous time off work ☐ No ☐ Yes

From (date) 04/19/21 through 05/31/21

I am requesting additional continuous blocks of leave time (your parental leave entitlement must be used prior to the baby 1<sup>st</sup> birthday)

From (date) / / through / / From (date) / / through / /

I am requesting a modified work schedule (e.g. "work 8hrs per day 4 days per week) as follows ☐ No ☐ Yes

hours/day for days/week from (date) / / until (date) / /

I am requesting Parental Shared Leave:

☐ No ☒ Yes

I am requesting Washington Paid Family Leave (PFML):

☐ No ☐ Yes

Employee Signature:



Date: 04/21/2021

**\*\* Dept. Manager Acknowledgement Required \*\***

Dept. Manager Acknowledgement Signature:

Date: / /

## HUMAN RESOURCES OPERATIONS OFFICES

**Harborview Medical Center  
HR Operations Office**

Fax: (206) 598-4610  
325 Ninth Avenue  
Box 359715  
Seattle, WA 98104  
Or, MedCtrFMLA@uw.edu

**UW Medical Center Montlake  
HR Operations Office**

Fax: (206) 598-4610  
1959 NE Pacific #BB150  
Box 356054  
Seattle, WA 98195  
Or, MedCtrFMLA@uw.edu

**UW Medical Center Northwest  
HR Operations Office**

Fax: (206) 598-4610  
1550 N 115<sup>th</sup> St  
Mail stop PZ 507  
Seattle, WA 98133  
Or, MedCtrFMLA@uw.edu