

SHORT TERM PARENTAL LEAVE for GRADUATE STUDENTS

The Graduate School
French Ad. Room 324
PO BOX 641030
Pullman, WA 99164-1030

The Graduate School
Phone: (509) 335 -1446
Email: gradschool@wsu.edu
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Name: (Last, First MI)		I.D. Number:
E-Mail Address:		Phone Number:
Program:	Degree:	Doctoral: <input type="checkbox"/> Masters: <input type="checkbox"/>

Campus: Pullman Tri-Cities Vancouver Spokane Online **Int'l (F-1/J-1) Student:** YES NO

NOTE: Short-term parental leave may be granted to graduate students for the birth or adoption of a child for up to four consecutive weeks directly before or after the event. If both parents are WSU students, only one parent may take parental leave, or the four weeks may be shared between them; however, each student must submit a separate leave request form. Refer to the Short-Term Parental Leave Plan at: <http://gradschool.wsu.edu/>. *Please make sure to attach your agreed-upon Academic Plan to this form before submitting it to the Graduate School.*

Requested Parental Leave Dates: From _____/_____/_____ To _____/_____/_____

Are you currently on an assistantship appointment? YES NO

Your reason(s) for requesting leave: Birth of child Adoption of child

Is the other parent a graduate student at WSU? YES NO If yes, please provide:

Name: _____ Academic Plan: _____

The above information is accurate and correct to the best of my knowledge.

Student Signature

Date:

Program must complete the following section:

****NOTE:** Replacement funds can only be requested for the Academic Year (Spring and/or Fall)

Are replacement funds requested? YES <input type="checkbox"/> NO <input type="checkbox"/>	Academic Plan attached: YES <input type="checkbox"/> NO <input type="checkbox"/>
Current Funding Status of Student: <input type="checkbox"/> TA <input type="checkbox"/> RA <input type="checkbox"/> Other GA	
Position Account Information: <i>Please provide Program, Budget and Project Numbers:</i>	
Advisor Signature	Date:
Program Chair	Date:

Graduate School: Approved Denied

Dates of Approved Leave _____ Signature _____ Date _____

International Programs Approval: _____ **Date:** _____