

**UNIVERSITY OF CONNECTICUT  
Maternity Leave Request for Members of UCPEA**

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**TO** Immediate Supervisor:

Department:

**FROM** Employee:

Title:

The following is a breakdown of my anticipated maternity leave. I would like to discuss my proposed leave with you.

Estimated Due Date:

I will be using 30 days paid sick leave as outlined in Article 12.1 of the UCPEA contract from the birth of the baby through

At the end of my paid sick leave, I am requesting the use of other accrued time through

After the above period, I am requesting:

- Unpaid FMLA leave through  
(Please attach a completed Request for Unpaid State Family & Medical Leave form.)
  
- I would like to work half-time as outlined in Article 12.4 of the UCPEA contract from through . I am requesting to work the following schedule during this period pending your and the Dean/Director's approval:

My anticipated return to my current schedule would be:

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

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**Reviewed by:**

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Dean/Director's Signature*

\_\_\_\_\_  
*Date*

**Please forward copies of the signed form to Human Resources (Unit 5075) and Payroll (Unit 2111).**