



Request for Miscarriage or Stillbirth Paid Leave

The University’s Paid Parental Leave benefit enables eligible Employees, in an active pay status, to receive paid leave due to miscarriage or stillbirth.

Employees who request paid leave will complete page 1 and submit to benefits@washburn.edu or fax to 785-670-1642. Your healthcare provider needs to complete and submit page 2.

Name: _____ WIN: _____

Dept: _____ Supervisor Name: _____

NOTE: Paid leave must be taken within the 12 weeks immediately following a miscarriage or stillbirth. Paid leave not utilized within the 12-week period will be forfeited. Leave may only be used once in a “rolling” 12-month period measured backward from the date of any previous Paid Leave usage.

Caregiver Designation: Intended Primary caregivers would have assumed the main responsibility for care of the child(ren). Intended Secondary caregivers are those other than the primary caregiver who would have provided care for the child(ren).

I affirm I am the: **Intended Primary Caregiver** _____ **Intended Secondary Caregiver** _____

Benefit Duration:

- Eligible Employees who have at least six months of continuous employment, in a position authorized to work .5 or greater FTE, and who experience a miscarriage are eligible for up to 2 weeks of paid Parental Leave for the intended primary caregiver and up to 1 week of paid Parental Leave for the intended secondary caregiver.
- Eligible Employees who have at least six months to less than one year of continuous employment, in a position authorized to work .5 or greater FTE, and who experience a stillbirth are eligible for up to 3 weeks of paid Parental Leave for the intended primary caregiver and up to 1 week of paid Parental Leave for the intended secondary caregiver.
- Eligible Employees who have at least one year of continuous employment, in a position authorized to work .5 or greater FTE, and who experience a stillbirth are eligible for up to 6 weeks of paid Parental Leave for the intended primary caregiver and up to 2 weeks of paid Parental Leave if the secondary caregiver.

Dates of Requested Leave: Beginning: _____ Ending: _____

Total number of hours of paid leave requested (as supported by attached documentation): _____

I have reviewed the WUPRPM regulations and procedures, [Section E. Benefits, 11](#), regarding Parental Leave. I understand benefits will not be payable until page 2 of this form is returned to the Washburn benefits team at benefits@washburn.edu.

Employee’s signature: _____ Date: _____

Submit completed form and appropriate supporting documentation to benefits@washburn.edu

HR Verification of Eligibility: _____ Eligible _____ Ineligible _____ **HR Signature:** _____ **Date:** _____



INSTRUCTIONS to the HEALTH CARE PROVIDER:

A Washburn University employee has requested paid leave to recover from their own or their spouse/partner's miscarriage or stillbirth. Please certify the following information for the patient named below:

Patient Name: _____

University Employee Name, if Different: _____

I certify that the patient named above experienced:

____ Miscarriage

Date of event: _____

Amount of Leave Needed Beginning: _____ Ending: _____

____ Stillbirth

Date of event: _____

Amount of Leave Needed Beginning: _____ Ending: _____

Signed by: _____ Date: _____

Healthcare provider name: _____

Business Address: _____

Type of Practice/Medical Specialty: _____

Telephone: _____ Fax: _____ Email: _____

Please email to benefits@washburn.edu or fax to 785-670-1642.