



**Human Resources Division**

Office of the Assistant Vice President

7 East 12<sup>th</sup> Street, 2<sup>nd</sup> Floor

New York, NY 10003-4475

**BONDING LEAVE APPLICATION**

To be eligible, an employee must:

1. be a member of the Professional Research staff, Code 103
2. have completed at least 2 years of continuous full time service (excluding leaves) prior to birth, adoption, or placement in foster care
3. have met all the conditions stated in the bonding leave policy at <http://www.nyu.edu/hr/benefits/bprof103.html>

EMPLOYEE NAME \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**TYPE OF LEAVE REQUESTED:**

**Primary Caregiver (Up To Six Weeks)**

**Non-Primary Caregiver (One Week)**

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

DATE OF EVENT: Birth \_\_\_\_\_ Adoption \_\_\_\_\_ Foster Care/Legal Guardianship \_\_\_\_\_

DATES OF LEAVE REQUESTED: FROM \_\_\_\_\_ TO \_\_\_\_\_

For Primary Caregiver Bonding Leave, please indicate one of the following:

- I am a single parent.*
- My spouse/partner is employed full-time or is a full-time student. I have attached a letter from his/her employer or school verifying his/ her full-time status.*
- My spouse/partner is physically unable to provide primary care. I have attached documentation from his/her healthcare provider verifying the same.*
- Other: I have attached documentation that verifies my role as primary caregiver.*

For all Bonding Leaves:

- *Attach proof of parenthood or legal guardianship and effective date*
- *Once this form is signed by both the employee and supervisor, it should be submitted to the HR Officer*
- *Complete an application for FMLA leave*

**I certify that the above information which I have supplied is true and correct and that any false or misleading information will result in denial of leave and any further action deemed necessary.**

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR

\_\_\_\_\_  
DATE

**APPROVED BY:**  
HR OFFICER \_\_\_\_\_

\_\_\_\_\_  
DATE

OFFICE OF  
ACADEMIC APPOINTMENTS \_\_\_\_\_

\_\_\_\_\_  
DATE