



Human Resources Division

Office of the Assistant Vice President

7 East 12th Street, 2nd Floor

New York, NY 10003-4475

BONDING LEAVE APPLICATION

To be eligible, an employee must:

1. be a member of the Administrative and Professional Staff, Code 100
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/policies/anp08000.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
EMPLOYEE RELATIONS _____

DATE