



To Be Completed by Student			
Student Name: (please print)		Lehigh ID Number:	
Student Local Address:			
Telephone Number:		Email:	

*I certify that I will be the child's primary caregiver during the time period of my parental leave.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

To Be Completed by Department Coordinator			
Academic Department:		Degree Sought:	
Department where assistantship duties are performed: (if different from academic home department)			
Student's Title: (e.g., Teaching Assistant):		Index To Credit:	
If applicable, how will the duties be covered during the leave?			
Date of Expected Leave:		Date of Expected Return:	
<i>The Graduate Student Parental Leave funds up to 5 weeks of leave</i>			
Is the student eligible for alternative funding? (e.g., from external research grant)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Please provide a copy of the offer letter and assignment form that spans the period the student is on leave. This is how the funding is determined. The department is responsible for completing the student PAF's for the leave period. The Provost Office will transfer funds to cover the leave, once the student returns.</i>			

College Acknowledgments	Signature	Date
Academic Adviser:		
Work Supervisor:		
Department Chairperson:		
College Graduate Program Director or Associate Dean:		
College Dean:		

Provost's Office Action			
Funds granted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount:
Provost confirmation (signature & date)	Transfer Funds to Index #:		