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I, the undersigned department chair, have reviewed the request for Parental Leave and am sending it to TU Leave Benefits staff for review and final approval pursuant to applicable leave policies.

DeptChairPrintedName:	DeptChairTitle:
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DeptChairSignature:	Date:
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Part3- To be completed by TU OHR / Leave Benefits

1. Has the faculty member been employed with TU/USM for at least six continuous months? Yes No

2.