

# Graduate Assistant Parental Leave Health Care Provider Certification

Graduate Assistants  
HUMAN RESOURCES

## Instructions

This form must be received at least **ten weeks** prior to the anticipated leave date. In the event of an adoption, a letter from the adoption agency with the estimated adoption date must be submitted as soon as reasonably possible. The Health Care Provider Certification or the letter from the adoption agency should be submitted directly Human Resources.

## Graduate Assistant Information

Name:

CSU ID:

Department:

### Statement

*I certify that the information provided regarding my parental leave request is true and accurate to the best of my knowledge.*

\_\_\_\_\_  
Graduate Assistant Signature

\_\_\_\_\_  
Date

## Physician Section - (To Be Completed by a Health Care Provider)

**Your patient has requested Parental Leave for the birth of their child. In order to proceed with the employee's request, please complete the following. Answer, fully and completely, all applicable parts. The questions below seek a response as to the expected date of delivery. Your answer should be your best estimate based upon your medical knowledge and examination of the patient.**

### Health Care Provider Information:

Physician Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Expected Date of Delivery:

### Statement

*I affirm that my evaluation of the patient confirms the above information is accurate and complete.*

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Date



**HUMAN RESOURCES**  
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