

Parental Leave Request Form, Policy 3516



The department will provide paid parental leave to all full-time and permanent part-time salaried employees upon the birth or adoption of a child for purposes of nurturing and bonding. This request form must be completed and signed by the employee and by the supervisor at least 30 days before the leave will occur. If advance notice is not possible due to unforeseeable or emergency situations, the department requires this form to be completed and submitted to your supervisor as soon as practical.

DEFINITIONS

Parent: For purposes of this policy only, the parent is the lawful mother or father of a child either through birth or adoption.

Parental Leave: Department provided paid leave taken within 12 weeks following the birth or adoption of a child.

Primary Caregiver: An employee who provides parental care at least 50 percent of the time.

Secondary Caregiver: An employee who provides parental care less than 50 percent of the time.

Employee Requesting Leave: _____
Anticipated Date of Birth or Adoption Placement: _____
Anticipated Dates to Take Parental Leave (leave must be taken within the 12 weeks following the birth or adoption of the child): _____

Please Check What Applies to You:

If eligible for FMLA:

Primary Caregiver (240 hours - LWPPF) Secondary Caregiver (120 hours - LWPSF)

If not eligible for FMLA:

Primary Caregiver (240 hours – LWPP) Secondary Caregiver (120 hours – LWPS)

****Be sure to contact Employee Benefits to enroll your child for health insurance within 31 days of birth/adoption, if coverage is desired.**

Employee Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Employees and Supervisors are encouraged to keep a copy for their records, send completed Parental Leave Request Form to HR.

Human Resources Signature: _____ Date: _____

Notes/Additional Information: _____
