

# PARENTAL LEAVE REQUEST FORM

# TO BE COMPLETED BY EMPLOYEE REQUESTING LEAVE

NAME: \_\_\_\_\_\_ W# \_\_\_\_\_

EMPLOYER:

**LEAVE IS BEING REQUESTED FOR THE FOLLOWING REASON** 

Birth of a child Adoption of child under 6 years of age

\_\_\_\_\_

DATE PARENTAL LEAVE ABSENCE WILL BEGIN (include first day of absence due to birth or adoption)

### LEAVE WILL BE

Continuous

Intermittent\*

\*If requesting intermittent leave, please describe:

## ANTICIPATED RETURN TO WORK DATE: \_\_\_\_\_

I have attached a copy of my completed request form for leave under the Family and Medical Leave Act, if applicable, or other appropriate documentation, to support this request.

I am requesting Parental Leave for an absence up to 60 days (a maximum of 480 hours) for the purpose of caring for and nurturing my child. By submitting this form, I certify that I am the sole Primary Caregiver for the period of leave requested for a child who was born within 6 months of the date of this request for Parental Leave, or a child under the age of 6 whom I adopted within 6 months preceding the date of this request for Parental Leave.

Employee's Signature \_\_\_\_\_ Date

### TO BE COMPLETED BY TIMEKEEPER OR HUMAN RESOURCES REPRESENTATIVE

#### **EFFECTIVE DATE OF PARENTAL LEAVE:**

(This date represents the first day after the employee's earned annual and personal leave has been exhausted.)

#### LAST DAY ELIGIBLE FOR PARENTAL LEAVE:

(This date can be no later than 6 months after birth or adoption of a child under 6 years of age.)

#### ANTICIPATED RETURN TO WORK DATE: \_\_\_\_\_

**NOTE**: Timekeeper **MUST** exhaust any available Annual Leave / Personal Leave each pay, prior to applying Parental Leave.

Completed by (please print)	Signature	Date
TO BE COMPLETED BY AGE 5 DAYS OF RECEIPT	NCY APPOINTING AUTHORI	TY OR DESIGNEE WITHIN
PARENTAL LEAVE ABSENCE	EIS	
APPROVED THROUGH DATE	:	
DENIED FOR THE FOLLOWI	NG REASONS:	

Appointing Authority or designee (please print)

Signature

Date

#### ORIGINAL REQUEST AND SUPPORTING DOCUMENTION SHOULD BE PLACED IN EMPLOYEE'S OFFICIAL MEDICAL FILE

cc: Employee Agency Timekeeper Official Medical File