

Parental Leave Request

Employee Name:

Employee ID:

Department Name:

Supervisor Name:

The parental leave program allows eligible full-time employees to receive up to eight (8) weeks (320 hours) of paid parental leave to be used within six (6) months of the birth/placement of a child for any one or more of the following reasons:

- To give birth to, care for, and bond with a newborn child.
- To care for and bond with a child placed with the employee through adoption or foster care or a legal custodial arrangement.
- To supplement reduced income replacement disability benefits following the birth of an infant.

I certify that I meet the following requirements for paid parental leave:

1. I am a benefits-eligible employee at the time of the birth/placement of the child under the age of 18.
2. I have worked for twelve months for the Commonwealth during the past seven years and worked 1,250 hours over the past twelve months.

Event:

Birth – Expected Date of Birth:

Adoption – Expected Date of Placement:

Time off work is expected to be (select the most appropriate option):

For a continuous block of time (several continuous days, weeks, or months off work)

Leave Begin Date:

Leave End Date:

On an intermittent basis (periodic time off that is not usually expected to be the same days or time off from week to week) *Employees should follow department's call out procedures and give timely notices of absences.*

Documentation of the birth or placement is required in order to approve parental leave. Official documents that will be accepted are: a report of birth, a birth certificate, an order of parentage, an adoption order, certified DNA test results, a custody order, and a foster care placement agreement.

Employee Signature: _____

Date: _____

Office Use

Documentation Type Submitted:

Date Submitted:

HR Representative: _____

Leave Expiration: