**PLACE ON AGENCY LETTERHEAD**

**SAMPLE PAID PARENTAL LEAVE REQUEST FORM**

**Paid Parental Leave Request**

|  |  |
| --- | --- |
| Employee Name:  |  |
| Employee Title:  |   |
| Employee ID#: |  |
| Division/Work Location: |  |
| Name of Supervisor: |  |

**I am requesting Paid Parental Leave for the following dates:**

 Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For \_INSERT HOURS\_\_\_\_\_\_\_

**OR**

**I am requesting Paid Parental Leave on the following intermittent schedule:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday  | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |

 Beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Through \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For \_INSERT HOURS\_\_\_\_\_\_\_

Based on the following qualifying event:

[ ]  birth of my child

[ ]  placement of a minor child with me for adoption or foster care

By my signature on this form, I attest to the qualifying event indicated above. **OR** Documentation of the qualifying event is attached. [Any required supporting documentation shall be the same as that required for the use of leave under the federal Family and Medical Leave Act (see Section (7) of Rule 478-1-.23, *Family and Medical Leave*) for the same qualifying event.]

I understand that any paid parental leave that remains unused 12 months after the qualifying event is no longer available.

[add if the agency has a written policy that requires paid parental leave to run concurrently with FMLA leave] I also understand that paid parental leave runs concurrently with leave for which I may be eligible under the federal Family and Medical Leave Act.

I also understand that return to my former position or equivalent position with the same pay and grade, benefits, and comparable working conditions is contingent upon compliance with the terms of the approved leave.

I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within 5 business days. If I am not notified, I can assume that my request has been approved.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\**NOTE TO EMPLOYEE:*** *E-mail this form to Human Resources and to your supervisor. Please retain copies of all information for your records.*