



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: