



DEPARTMENT OF
BUDGET & MANAGEMENT

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 OF BIRTH OR ADOPTION: _____

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 _____

