

# REQUEST FOR PARENTAL LEAVE

## PART A: to be completed by EMPLOYEE

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Personnel #: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am requesting permission to use my parental leave, as specified in County Policy 837. I understand that I am eligible for a maximum of \_\_\_\_\_ hours (160 for Full Time, prorated for Part Time) of parental leave and that the parental leave hours must be used within six months of the child's birth or the placement of a minor child in my care for the purpose of adoption.

I certify that:

- Expected due date is: \_\_\_\_\_ (date)
- My child was born on \_\_\_\_\_ (date)
- I am adopting a child and the child will be placed with me on \_\_\_\_\_ (date)
- I am adopting a child and the child was placed with me on \_\_\_\_\_ (date)

Attached is a copy of the acceptable documentation to support my request.

BIRTH	ADOPTION
Birth Certificate	Letter from Attorney – Adoption Process Initiated
Certificate of Live Birth	Legal Court Order
Letter from Hospital	Letter from Social Services/Adoption Agency
	Proof of Initiation of Adoptive Home Study

Requested dates for use of parental leave:

- Use hours in a single block from \_\_\_\_\_ to \_\_\_\_\_
- Use hours intermittently (describe schedule/dates) \_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART B: to be completed by APPOINTING AUTHORITY or DESIGNEE

- Approved as requested
- Approved; revised schedule \_\_\_\_\_
- Denied; reason \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PART C: to be completed by HR REPRESENTATIVE

Based on the date of birth or adoption, eligibility for parental leave will end on \_\_\_\_\_.

HR Rep: \_\_\_\_\_ Date \_\_\_\_\_