REQUEST FOR PAID PARENTAL LEAVE FORM

SECTION A—EMPLOYEE REQUEST

This is a formal request for Paid Parental Leave. Public School Facilities Authority offers up to twelve (12) workweeks of Paid Parental Leave following the birth or adoption of a child who has recently joined the household. This Paid Parental Leave is available to full-time classified employees who have completed the one (1) year probationary period as defined by the State Personnel Board rules prior to the start of Paid Parental Leave.

Employee Name:	SHARE #
Employee Title :	Employee Supervisor:
First Date of Requested Leave:	Last Date of Requested Leave:
Intermittent Leave: 🗆	
Dates of Intermittent Leave Requ	lested:
Expected Date of Birth or Placement:	
I understand that I must obtain supervise	ory approval for Paid Parental Leave.
I certify that I am or will be the parent or a or adoptive parent of a newborn or adop	idoptive parent of a newborn or adopted child, or a Domestic Partner of a parent ted child.

I have read the Paid Parental Leave policy and agree to comply with all of its requirements. I understand that I am required to use Paid Parental Leave for the purpose of caring for and/or bonding with a newborn or newly adopted child who has joined my household.

I affirm that the information I have provided on this form is accurate and complete.

Employee Signature:

Date:

SECTION B—APPROVAL

Emplo	oyee's reque	est for Paid	Parental Leave is:	□ Approved	Denied

 Supervisor Name:
 _______Supervisor E-Mail:

 Supervisor Signature:
 _______Date:

For Human Resources Only :				
The employee □meets □does not meet the eligibility criteria set forth in the Paid Parental Leave Policy.				
HR Reviewer Printed Name:	_HR Reviewer Signature:			
Date:				