

## ***Paid Parental Leave Eligibility Form***

Employee Name: \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Department: \_\_\_\_\_

Department Leave Rep: \_\_\_\_\_

Employee Supervisor: \_\_\_\_\_

Employee Department Head: \_\_\_\_\_

Reason for Request:  Birth  Adoption  Foster/Placement

Applied for FMLA:  Yes  No

Anticipated Begin Date of Leave: \_\_\_\_\_ Expected Return to Work Date: \_\_\_\_\_

Applicant understands that they must submit this form to Human Resources to verify eligibility for Paid Parental Leave.

**Leave must be used in full day increments based on FTE or work schedule.**

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

\_\_\_\_\_  
Date

### **HR USE ONLY**

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied (And Reason): \_\_\_\_\_ Date: \_\_\_\_\_