

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: _____

(Leave must be used in full day increments based on FTE or work schedule). Parental Leave is intended to be used for the purpose of bonding with a child newly born or placed with a family, and the leave terminates at the conclusion of the foster, placement, adoption, or custodial care/parentage, or within 6 months of the placement/birth, whichever comes first. Unused parental leave is not compensable if an employee separates from Commonwealth employment or moves to a non-covered position. Applicant understands that they must submit this form to Human Resources to verify eligibility for Paid Parental Leave.

Employee Signature

Date

HR USE ONLY

Approved: _____ Date: _____

Denied (And Reason): _____ Date: _____