



DEPARTMENT OF HUMAN RESOURCES PAID PARENTAL LEAVE REQUEST FORM

The purpose of this form is to request Paid Parental Leave based on Administrative Regulation 4.3-A. Please submit the completed form to the Department of Human Resources (DHR) FMLA Coordinator located in City Hall Room 902. **The HR Liaison will provide this form to the Timekeeper to verify the FMLA leave balance. After the FMLA leave balance has been verified by the Timekeeper, this form shall be sent to the HR FMLA Coordinator.** Parental leave requests will not be reviewed/approved until a complete and sufficient FMLA Certification form has been submitted for approval.

Note: An employee's entitlement to FMLA leave for birth and bonding expires 12 months after the date of birth. An employee's entitlement to FMLA leave for the placement of a child for adoption or foster care expires 12 months after the placement.

EMPLOYEE INFORMATION								
Employee Name:				Employee Number:				
Title:			Status:		<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time		
Department:			Supervisor Name:					
Type of Parental Leave Requested:	<input type="checkbox"/> Maternity Leave <small>(Must be Continuous)</small>		<input type="checkbox"/> Bonding Leave		<input type="checkbox"/> Adoption/Foster Care Placement Leave		<input type="checkbox"/> Care for Sick Parent	
Certification of Eligibility for Parental Leave (copy):		<input type="checkbox"/> Report of Birth	<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Order of Parentage	<input type="checkbox"/> Adoption Order	<input type="checkbox"/> Certified DNA Test Results		
		<input type="checkbox"/> Custody Order	<input type="checkbox"/> Foster Care Placement Agreement		<input type="checkbox"/> Other Official Form(s):			
Dates and Timeframe of Leave:		Start Date:	End Date: <small>(For Continuous Only)</small>		<input type="checkbox"/> Continuous	<input type="checkbox"/> Intermittent		
Additional Information: (400 character limit)								
I certify that the information on this form is correct and true.								
Employee Printed Name:		Employee Signature:			Date:			
DEPARTMENT TIMEKEEPER/DESIGNEE USE ONLY								
FMLA Eligibility Balance:		hours						
Timekeeper/Designee Printed Name:		Timekeeper/Designee Signature:			Date:			
DEPARTMENT OF HUMAN RESOURCES USE ONLY								
<input type="checkbox"/> Approved		<input type="checkbox"/> Disapproved		Tentative Paid Parental Leave Eligibility:				
Comments: (400 character limit)								
FMLA Coordinator Printed Name:		FMLA Coordinator Signature:			Date:			

Approval copies of this form will be provided to: HR Liaison, Department Timekeeper, and the employee's supervisor at the time these parties are notified of FMLA leave approval.