

Paid Parental Leave Request Form

Per the district's use of sick leave for childbirth or adoption and the new paid parental leave administrative rule, listed are the choices pertaining to paid parental leave. To assist Human Resources to accommodate your request for paid parental leave, please complete this form along with the Medical Leave Request form.

Employee Name:	
Employee Phone Number	
Employee Email Address	
Date of Request	
Qualifying Event: Birth, Adoption or Foster Care	
Date of Qualifying Event:	
Parental Leave Start Date:	

Please check the option that you are requesting and submit to HR along with the Medical Leave Request Form.

- Option 1: Normal Delivery** **6 weeks only** – You are entitled to 6 weeks of paid parental leave.
- Option 2: C-Section** **8 weeks only** – You are entitled to 6 weeks of paid parental leave. May use sick leave to cover additional 2 weeks or leave is unpaid.
- Option 3: Normal Delivery – 12 Weeks** You are entitled to 6 weeks of paid parental leave. You must use accrued sick leave up to six weeks first if available. You will receive 6 weeks of paid parental leave following the use of your accrued sick leave. If accrued sick leave is not available, leave after 6 weeks of paid parental leave is unpaid.
- Option 4: C-Section – 12 Weeks** You are entitled to 6 weeks of paid parental leave. You must use accrued sick leave up to six weeks first if available. You will receive 6 weeks of paid parental leave following the use of your accrued sick leave. If accrued sick leave is not available, leave after 6 weeks of paid parental leave is unpaid.
- Option 5: Adoption/Foster Care** 6 weeks of paid parental leave.
- Option 6:** Eligible employees who do not give birth are entitled to receive 2 weeks of paid parental leave.

Signature & Date: