



REQUEST FOR PARENTAL LEAVE (BABY BONDING)

Employee Name: _____ Employee ID #: _____ HRS/Day: _____

Work Site/Department: _____ Position: _____ Phone #: _____

- CERTIFICATED (VUTA)
 CERTIFICATED MANAGEMENT
 CLASSIFIED (CSEA)
 CLASSIFIED MANAGEMENT

***FOR CERTIFICATED, CHECK BOX IF APPLICABLE:**

- I am in the induction program.
 I am in a dual enrollment position with COS.
 I currently receive a prep buyout.

Employees who have been employed with VUSD for more than one year may qualify for Parental Leave. Qualifying employees are eligible to take up to 12 weeks of leave for the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. Employees have up to one year from the child's birth, foster placement or adoption to use the leave. Any available leave under FMLA and/or child bonding leave under the CFRA will run concurrently with Parental Leave.

Reason for Parental Leave Request:

- Birth of child** born on _____ (Date)
 - Birth Mother:** A completed Request to Return From Maternity Leave form must be submitted to your Benefit Technician in order to be eligible for Parental Leave.
 - Other Parent:** Documentation verifying birth of child, such as copy of the certificate of birth from the hospital or a copy of the birth certificate, must accompany this request.
- Adoption or Foster Care Placement:** Child's placement date _____
 Documentation verifying adoption or foster care placement, including the placement date, must be attached.

Dates Requested: Please indicate the tentative dates you plan on taking Parental Leave. After review of your request, your Benefit's Technician will contact you to finalize dates of leave.

Tentative Leave Dates: _____ to _____

If taking leave intermittently, list the tentative dates below. Leave must be taken in a minimum of two week increments and on two separate occasions, may be taken in smaller increments of time.

I understand that my sick leave will be used to keep me in a fully paid status during my leave. If/when my sick leave is exhausted, I understand I will be subject to a payroll adjustment. Per the Employee Compensation Policy, salary advancement for Certificated employees may be impacted if the employee is not in a fully paid status for 75% of the year or more.

Signature: _____ Date: _____

FOR HRD USE ONLY

- Approved
 Denied
 Eligible for FMLA/CFRA
 Yes
 No

Comments:

Approved/Denied By: _____ Date: _____

**Return Form to: Human Resources-Employee Benefits
5000 W Cypress Ave, Visalia CA 93277**