



CAESAR RODNEY SCHOOL DISTRICT

Parental Leave Request Form

Effective Date: April 1, 2019
Revised: August 3, 2023

Authority:
14 Del. C. §1333

Section I: Employee Information

Employee Name: _____ Employee ID #: _____

Employee Title: _____ Employee Supervisor: _____

Employee School/Department/Division: _____

Employee E-Mail Addresses: Work _____ Home _____

Employee Phone Number: Work _____ Cell _____

Section II: Parental Leave Information

In agreement with the Parental Leave Procedure. I certify that I meet the following eligibility requirements:

- I am or will be the biological parent or adoptive parent of a newborn or adopted child six (6) years of age or younger.
- I am or will have been employed by a State of Delaware School District or Charter School in a full-time position for at least 12 months prior to the birth or adoption of the child.

Birth (Expected Date): _____ Legal Adoption (Expected Date): _____

Requested Parental Leave Dates: First Day of Leave _____ Last Day of Leave _____

Section III: Employee Certification

I further affirm that the information I have provided on this form is accurate and complete. I understand that I am required to use Parental Leave for the purpose of caring for and/or bonding with my newborn or newly adopted child who is six (6) years of age or younger. I acknowledge that I have read and understand the Parental Leave Procedure available to me on the Caesar Rodney School District website and that I will provide to my Human Resources representative the required documentation and information as required. This includes that within 30 days of the birth or adoption of the child, I must provide my Human Resources Office with a copy of legal documents which include the name of the legal parent(s) and date of birth or adoption.

I acknowledge and agree that the Office of Human Resources will consider my typed name below as an electronic signature to authenticate this request and that said electronic signature will have the same force and effect as a manual signature. I understand that if I do not agree to the utilization of an electronic signature, the Office of Human Resources will not process this request until they are in receipt of a manual signature.

Employee Signature: _____ Date: _____

Section IV: Human Resources Eligibility

This form will not be approved until after birth or legal documents are provided.

The employee **meets** **does not meet** the eligibility criteria.

First day of Leave: _____ Last day of Leave: _____ Return to Work: _____

Human Resources Reviewer Signature: _____ Date: _____