

**Intermittent** Paid Parental Leave Written Plan for  
Birth, Stillbirth, or Miscarriage

Paid Parental Leave must be taken within 365 days of the qualifying event. Any Paid Parental Leave available to the employee after 365 days is forfeited.

I am requesting **intermittent** leave in connection with the birth, stillbirth, or miscarriage of a child (Check all that apply; enter date(s) associated with intermittent leave type request)

I am requesting to use \_\_\_\_\_ days of intermittent leave for the following:

- Attending prenatal and/or postpartum appointments or other visits to a Healthcare Provider  
Date(s): \_\_\_\_\_
- Hospitalized in expectation of the birth or due to a condition caused by or related to the expected birth of a child  
Date(s): \_\_\_\_\_
- Requires leave due to a Healthcare Provider's order requiring the mother to limit physical activity  
Date(s): \_\_\_\_\_
- Leave for bonding purposes  
Date(s): \_\_\_\_\_
- Other: \_\_\_\_\_  
Date(s): \_\_\_\_\_

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent or Designee Signature

\_\_\_\_\_  
Date