



Employee Name: _____

Phone Number: _____

Location & Title: _____

Employee ID: _____

Expected Delivery Date or Adoption Date: _____

☐ I plan to take Parental Leave in 12 consecutive calendar weeks upon the birth/adoption of my child. I am also applying for FMLA in order to maintain my current health insurance coverage for twelve weeks. I understand that I may only use 12 weeks of FMLA during any year and medical certification is required.

EMPLOYEE CERTIFICATION (employee to initial he/she has read and understands):

____ I am or will be the biological parent of a newborn **or** adoptive parent of a child.

____ I am or will have been employed by the State of Delaware in a full-time position and worked at least 1,250 hours during the 12-month period immediately preceding the commencement of leave.

____ I acknowledge that I have read and understand the Parental Leave Policy and Procedures available to me on the Capital School District website.

____ I understand that by Delaware State Law, I am required to file a Short-Term Disability claim with The Hartford (**only for an employee giving birth**).

____ I will provide a copy of the newborn's footprints from the hospital with gender, name, and date of birth or adoption paperwork to the HR office immediately for parental leave approval.

____ I wish to add my newborn or adopted child to:

☐ health insurance ☐ dental insurance ☐ vision insurance ☐ do not add coverage for child

____ I understand that if my newborn information is provided after 30 days of the birth or adoption date, I will need to wait until the next open enrollment period to add insurance.

____ I will provide the HR Office a copy of the newborn or adopted child's Social Security Card and Birth Certificate once received from the Social Security office and Department of Vital Statistics.

I further affirm that the information I have provided on this form is accurate and complete.

Employee Signature

Date

**** HR USE ONLY ****

Birth of Child / 1st day of PL: _____

RTW: _____

STD claim #: _____ STD approval: _____

PL Letter Emailed: _____ Notes: _____