

Paid Parental Leave Request Form

Per the district's use of sick leave for childbirth, stillbirth or adoption and the 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, the Medical Leave Request form and provide proof of birth.

Employee Name:	
Employee Phone Number	
Employee Email Address	
Date of Request	
Qualifying Event: Birth, Stillbirth, 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.

**Accrued sick leave can only be used from the date of birth through the first 6 to 8 weeks, depending on the type of delivery.*

☐ **Option 1: Normal Delivery/ Stillbirth**

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.
Must 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 following the use of 6 weeks of accrued sick leave.

☐ **Option 4: C-Section – 12 Weeks**

You are entitled to 6 weeks of paid parental leave following the use of 6 weeks of accrued sick leave.

☐ **Option 5: Adoption/Foster Care**

6 weeks of paid parental leave.

☐ **Option 6: Non-Carrying Parent**

4 weeks only - Eligible employees who do not give birth are entitled to receive 4 weeks of paid parental leave.

Employee Signature & Date:

Physician Signature

