

Request for Paid Parental Leave

Employee's Name: _____

Employee's Department: _____

Expected date of qualifying event: _____

Date the Leave of Absence will commence: _____

Probable date of return to work: _____

Acknowledgements:

1. I understand that a Leave of Absence Request must accompany this form. I understand that if I am eligible for FMLA, then I must submit an application for FMLA. Further, I understand that I must provide appropriate documentation of the upcoming event with the Leave of Absence request.
2. Eligible employees must provide timely documentation of the upcoming qualifying event. Forms of documentation include: a health care certification from a medical doctor, a certified copy of an adoption order listing the eligible employee as a parent, a certified copy of a foreign adoption order registered in the State of Wisconsin.
3. I understand that I have up to six months from the date of the event to use the time provided by the Paid Parental Leave benefit and any time not used after this date will be forfeited.
4. I understand that I may use Paid Parental Leave intermittently, provided that such use is segmented into no more than three blocks of time, where each block of time is at least one 8 hour day in length. I understand that after three blocks of time, any remaining amounts of Paid Parental Leave will be forfeited.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

9/20/18