

# CAPITAL SCHOOL DISTRICT PARENTAL LEAVE REQUEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location: \_\_\_\_\_ Position: \_\_\_\_\_

## **PARENTAL LEAVE INFORMATION**

In agreement with the Parental Leave Policy, 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 the State of Delaware in a full-time position for at least 12 months prior to the birth or adoption of the child.

Requested Parental Leave Dates: First Day of Leave \_\_\_\_\_ Last Day of Leave \_\_\_\_\_

- Birth (Expected Date of Birth: \_\_\_\_\_)       Adoption (Expected Date of Legal Adoption: \_\_\_\_\_)
- I plan to take Parental Leave in 12 consecutive calendar weeks upon the birth/adoption of my child.

## **TYPE OF LEAVE - check one**

\_\_\_\_\_ Parental Leave - medical certification is required SEE NOTE AT BOTTOM OF PAGE

\_\_\_\_\_ Extension of Leave. I am extending my original return to work date through \_\_\_\_\_

\_\_\_\_\_ 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.

*\*\*By Delaware State Law you are required to file a Short Term Disability claim with Hartford Ins. Company if you elected to enter the Hartford Short Term Disability Program as of 1/1/2006. See Your Human Relations Specialist.*

## **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 Policy and Procedure available to me on the Capital 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.

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

\_\_\_\_\_  
Date

\*\*\* You must notify your Human Resource Specialist right away to add your newborn to your health insurance. We will need a copy of the foot prints you will receive at the hospital. You have 30 days to add your newborn or adoption.

## **Human Resources Eligibility**

The employee \_\_\_\_\_ meets \_\_\_\_\_ does not meet the eligibility criteria

Human Resources Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_