

Request for Parental Leave

Section 1.(a.) "a contracted employee shall be entitled upon written request to use up to forty (40) days of his/her accumulated sick leave as parental leave for childbirth or adoption. Said employee shall notify the Director of Human Resources in writing (indicating number of days requested), of his/her desire to take such leave and except in case of emergency, shall give such notice at least thirty (30) days prior to the date on which the leave is to begin." **NOTE:** Hourly employees should request leave in number of hours, all others should request leave in number of days.

Total number of days _____ OR hours _____ of leave requested

Approximate beginning date of leave: _____

Types of leave to be used:

This leave constitutes a portion of your leave entitlement under Family/Medical Leave for eligible employees: (Complete EITHER days OR hours, whichever is applicable)

1. Personal illness (may use up to 40 accumulated days) Number of days _____ OR hours _____
 2. Personal leave Number of days _____ OR hours _____
 3. Leave without pay Number of days _____ OR hours _____
 4. Other leave (type of leave?) _____ Number of days _____ OR hours _____
- Total Days _____ OR hours _____

Employee's Name (Please Print)

Social Security OR Employee Number

Home Street Address

City State Zip

School

Employee's Signature

Business Office Verification (To be completed by District Office)

Accumulated Personal Illness number of days _____ or hours _____ Date _____

Accumulated Personal Leave number of days _____ or hours _____ Date _____

Accumulated Other Leave (type) _____ # of days _____ or hours _____ Date _____

Daily Rate: _____ or Hourly Rate: _____

Insurance Rate: _____ per day FMLA qualified: Yes No