**Law Offices of the Public Defender**

**REQUEST FOR PAID PARENTAL LEAVE FORM**

* This form must be used in accordance with Section 4 of **400.106.4 Paid Parental Leave.**
* All leave must be requested in accordance with this policy.
* Attach the appropriate legal documentation.

**Employee Name:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text.

**SHARE Employee ID#:** Click or tap here to enter text.

**Employee Job Title:** Click or tap here to enter text.

**Employee’s Supervisor:** Click or tap here to enter text.

**Reason for Request (Check one):**

[ ] Birth of a Child – Anticipated Birth Date: Click or tap to enter a date.

[ ] Adoption of Child – Anticipated Placement DateClick or tap to enter a date.

[ ] Foster Child (anticipated placement of six (6) months or more) - Anticipated Placement Date: Click or tap to enter a date.

**Type of Leave you are requesting** (i.e. intermittent or continuous) not to exceed six (6) months: Click or tap to enter a date.

[ ]  **Continuous Leave:**

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

[ ]  **Intermittent Leave:**

Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Description of intermittent work schedule: Click or tap here to enter text.

I also understand any leave not used within six (6) months of birthdate, adoption date, or foster care placement date, will be forfeited, has no cash value and will not result in a payout benefit: \_\_\_\_\_\_\_ (initial)

Employee Signature: Date: Click or tap to enter a date.

**APPROVAL**

Supervisor Name: Click or tap here to enter text.

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date. **(Check One) Approved**[ ]  **Disapproved** [ ]

**FOR HUMAN RESOURCES ONLY:**

The employee [ ]  **meets** or [ ]  **does not meet** the eligibility criteria set forth in the paid parental leave policy.

HR Rep Name: Click or tap here to enter text.

HR Rep Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.