

PARENTAL LEAVE PLAN

Date: _____
 To: **PERSONNEL/PAYROLL FILE**

From: _____

Hours/Paid Parental Status Less than 8 hrs. - ☐ 80 hrs. 8 hrs. - ☐ 160 hrs.

PLANNED LEAVE	Date _____	<u>DATE FROM</u>	<u>DATE TO</u>	<u>HOURS</u>
SDI		_____	/TO/ _____	
FMLA	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">}</div> <div> Elig. Y - N Hours _____ Weeks _____ </div> </div>	_____	/TO/ _____	
CFRA		_____	/TO/ _____	
PFL		_____	/TO/ _____	
Paid Parental Leave		_____	/TO/ _____	
Parental Leave		_____	/TO/ _____	
Sick Leave		_____	/TO/ _____	
Vacation		_____	/TO/ _____	_____
Holiday Credit		_____	/TO/ _____	_____
CTO		_____	/TO/ _____	_____
Personal Leave		_____	/TO/ _____	_____
Without Pay		_____	/TO/ _____	_____

ACTUAL LEAVE	Date _____	<u>DATE FROM</u>	<u>DATE TO</u>	<u>HOURS</u>
SDI		_____	/TO/ _____	
FMLA	<div style="display: flex; align-items: center;"> <div style="font-size: 2em; margin-right: 10px;">}</div> <div> Elig. Y - N Hours _____ Weeks _____ </div> </div>	_____	/TO/ _____	
CFRA		_____	/TO/ _____	
PFL		_____	/TO/ _____	
Paid Parental Leave		_____	/TO/ _____	
Parental Leave		_____	/TO/ _____	
Sick Leave		_____	/TO/ _____	
Vacation		_____	/TO/ _____	_____
Holiday Credit		_____	/TO/ _____	_____
CTO		_____	/TO/ _____	_____
Personal Leave		_____	/TO/ _____	_____
Without Pay		_____	/TO/ _____	_____

I have received a copy of the Agency Policy regarding Parental Leave. I understand that proof of birth or adoption must be submitted to the agency upon request.

 Initials

 Date

I acknowledge that the Agency Policy regarding Parental Leave contains eligibility requirements and I am eligible within the meaning of the policy because I meet the employee criteria and I have legal and physical custody of the child within the meaning of the policy.

 Initials

Signature of Employee _____

Signature of Sr. Personnel Analyst _____

Signature of Accountant II _____