



## Section A - Employee Request

This is a formal request for Paid Parental Leave. The Department of Public Safety offers up to twelve (12) work weeks of Paid Parental Leave following the birth or adoption/permanent legal guardianship of a child who has recently joined the household. This Paid Parental leave is available to full time classified employees who have completed the one (1) year probationary period as defined by the State Personnel Board rules prior to the start of Paid Parental Leave.

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- □ I certify that I am or will be the parent or adoptive parent/permanent legal guardian of a newborn or adopted child, or a Domestic Partner of a parent or adoptive/permanent legal guardian.
- □ I have read the Paid Parental Leave Policy and agree to comply with all of its requirements.
- □ I understand that I am required to use Paid Parental Leave for the purpose of caring for and/or bonding with a newborn or newly adopted child/permanent legal guardian of a child who has joined my household.
- □ I affirm that the information I have provided on this form is accurate and complete.
- □ I understand that I must obtain approval for Paid Parental Leave

Employee Signature:	Date:			
Supervisor Name Signature:	Date:			
Section B – HR Review				
Employee's request for Paid Parental Leave is: Approved – Employee meets the eligibility criteria set forth in the Paid Parental Leave Policy.  Denied - Employee do not meet the eligibility criteria set forth in the Paid Parental Leave Policy.				
HR Leave Manager Signature:	Date:			
Secretary Signature for Intermittent Leave:	Date:			