



Parental Leave Request

Employee Information

Employee # _____ Name: _____

Department: _____

Dates Requested

From Date: _____ To Date: _____

Delayed Parental Leave

If requesting delayed Parental Leave, prior Department Head and HRD Director approval are required.

Delayed Dates Requested:

From Date: _____ To Date: _____

Employee Signature

I am requesting Parental Leave for the above date and am aware this leave will run concurrent with FMLA.

Employee Signature: _____ Date: _____

Department Approval

Approval Signature: _____ Date: _____

Human Resource Development Approval

Approval Signature: _____ Date: _____