



PARENTAL LEAVE CERTIFICATION FORM FOR UNCLASSIFIED EMPLOYEES

All information requested below is required to be filled out.

Employee Name		U Number
Phone Number (work)	Email Address (work)	
Phone Number (personal)	Email Address (personal)	
Position Title		Department

Reason for requesting Parental Leave:

Birth of a child Placement for adoption Placement for foster care

Anticipated

Date of Birth or Placement:	
Date Parental Leave begins:	
Date Parental Leave concludes:	
Requested method of Parental Leave:	<input type="checkbox"/> Continuous use <input type="checkbox"/> Intermittent use*
*Reason(s) intermittent leave is being requested:	
*How do you intend to utilize intermittent leave:	

Employee Certifications (initial each box)

	I certify parental leave is being taken because of the birth of a child or placement of a child with me for adoption or foster care and will be used in accordance with Executive Order #JBE 2023-18.
	I shall provide documentation sufficient to establish a parent-child relationship, or the occurrence of a court proceeding or mandatory meeting related to placement for adoption for foster care.
	If I provide an anticipated date of birth or placement, I shall notify my agency as soon as practicable of the actual date.
	I understand that utilizing parental leave in violation of Executive Order #JBE 2023-18 and/or agency policy may result in disciplinary action, including the possibility of separation or dismissal from my position.
	I understand that any eligible Family Medical Leave (FMLA) available to me shall run concurrently with the use of parental leave.
	I certify that all statements made in this certification form are true and correct to the best of my knowledge.
EMPLOYEE'S SIGNATURE	DATE

Employee Name: _____

Personnel/ID #: _____

REQUIRED DOCUMENTATION	
<i>Required documentation shall be submitted no later than 15 days following the qualifying event.</i>	
<p>Documentation Requirements: Employee shall provide appropriate documentation which is sufficient to establish a parent-child relationship, or the occurrence of a court proceeding, or mandatory meeting related to placement for adoption or foster care.</p> <p>Failure to provide required documentation may result in a delay in the effective start date of parental leave and/or denial of parental leave.</p>	

TO BE COMPLETED BY HUMAN RESOURCES	
Parental Leave Eligibility	
Does employee's request meet the requirements of a qualifying event in accordance with Executive Order #JBE 2023-18?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employee full-time or part-time?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
If part-time, how many hours a week is the employee eligible for?	
Is the employee in a leave-earning position on the date of the qualifying event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee worked at least 12 months with the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee physically worked 1250 hours in the 12 months preceding the date leave is to commence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What dates were utilized to determine the lookback period?	Start date:
	End date:
Did the employee provide the required documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select documents received: <ul style="list-style-type: none"> <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Adoption Placement Paperwork/Court Docket <input type="checkbox"/> Foster Placement Paperwork/Court Docket <input type="checkbox"/> Other: _____ 	

Human Resources Contact Info	
Name and Title	
Email Address	Phone Number

AGENCY APPROVAL	
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Actual or Anticipated Parental Leave Dates:	Reason for Denying Parental Leave
Begin Date:	End Date
SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE	DATE