

PARENTAL LEAVE REQUEST FORM



Complete and return this form to your Department HR Liaison

Please complete this form in its entirety. Incomplete requests for leave will not be granted.

Employee Name:	CHRIS ID:
Department:	Date Received:
Hours normally worked each week: _____	
Current Balances: Sick: _____ Vacation: _____	
Other Leave to use and balances: _____	

Complete the Leave Schedule to show the schedule of hours you are requesting to use:

WEEK	Parental Leave Hours	SWP hours	Vaca Hours	Adv Sick hours	Other (specify)	Working hours	Unpaid Hours	Total (40 max)
<u>WAITING PERIOD</u>								
Week 1	0							
Week 2	0							
<u>70% SUPPLEMENTAL LEAVE PERIOD</u>								
Week 3				0		0		
Week 4				0		0		
Week 5				0		0		
Week 6				0		0		
Totals								
Not to Exceed:	<u>112</u>	<u>128</u>	<u>128</u>	<u>80</u>	<u>128</u>	<u>80</u>	<u>128</u>	<u>240</u>

Employee Initials: _____

Employee Acknowledgments.

1. I am a permanent City of Cincinnati employee working as a _____ (title):
 - a. _____ Full-time (40+ hours per week).
 - b. _____ $\frac{3}{4}$ Time (30 - 40 hours per week).
 - c. _____ Less than 30 hours/week. I am not entitled to this benefit.
2. I am requesting Parental Leave as an eligible employee effective upon the following event:
 - a. _____ The birth of my biological child.
 - b. _____ The placement of an adopted child who will reside in my household.
3. The future due date of the child, or scheduled date of placement, is:
 - a. _____
4. I will return to work on:
 - a. _____

I authorize adjustments to my payroll and leave balances for the purposes noted above.

I understand that Payroll may need to make adjustments to my request based on my available leave.

I understand that Parental Leave is contingent upon proof of the birth or adoption.

I understand that I must pay back any advanced leave taken pursuant to this policy.

Employee Signature: _____

Date: _____