Paid Parental Leave Request Form

Centenary College of Louisiana's Paid Parental Leave provides Eligible Employees with up to 6 (six) weeks of paid time off following a qualifying birth or adoptive event to allow for time to bond with their new child, adjust to their new family situation, and balance personal obligations that result from a birth or adoptive event.

The Paid Parental Leave Policy exceeds any legal requirement. This policy will run concurrently with Family & Medical Leave Act (FMLA). Employees do not need to qualify for FMLA to be eligible to use Paid Parental Leave.

Instructions

Complete and submit this form and send it to Human Resources. Provide *required documentation* of the qualifying event as soon as is practical. Forms of documentation may include: a health care certification from a medical doctor, a birth certificate, a certified copy of an adoption order listing the eligible employee as a parent, a certified copy of a foreign adoption order registered in the State of Louisiana, or a comparable official or professional documentation.

An eligible employee must submit a completed Parental Leave Request Form at least 30 calendar days in advance of the Paid Parental Leave start date. If 30 days' notice is not given, the availability of the leave, if approved, may be delayed by up to 30 days after the Paid Parental Leave Request Form is received.

Name (First Name, Middle Initial, Last Name):	Today's Date:
Employee Title:	Division/Department:
Email Address During Leave:	Phone Number During Leave:

Section B: Qualifying Event (completed by employee)

Select your qualifying event:

- ☐ Birth of your child.
- ☐ Adoption of a child under 18 years of age.
- ☐ Adoption of a child 18 years or older with a physical or mental disability (additional paperwork required)

Have you been approved for Paid Parental Leave in the last 12 months? ☐ Yes* ☐ No

*If Yes: Indicate the date of your prior qualifying event: _____
(mm/dd/yyyy)

Section C: Anticipated and Actual Dates of Leave (completed by employee)

Event	Anticipated Date	Actual Date (May be completed by your Human Resources representative)
Date of birth or placement		
Date use of Paid Parental Leave begins		
Date use of Paid Parental Leave concludes (Paid Parental Leave must be used within 12 months following the birth or adoption)		
Date requesting to return to work (Approval may be required. Leave may be extended using other leave types.)		

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Requested method of using Paid Parental Leave:

☐ Continuous Leave ☐ Reduced Work Schedule* ☐ Intermittent Leave*

***Describe Reduced Work Schedule or plans for Intermittent Leave.**

Check one of the following:

☐ I have discussed my plans to take leave with my supervisor.

☐ I have not yet shared my need for leave with my supervisor but understand that Human Resources will coordinate with my supervisor for work coverage.

Section D: Employee Signature (completed by employee)

By completing this form, I acknowledge that I have read and understand all provisions as outlined in Paid Parental Leave Policy. I certify that all statements made in this application are true and correct to the best of my knowledge. I will inform my Human Resources representative at my institution of my actual date of leave.

Employee Signature: _____ Date: _____

Type or print name: _____

You will receive a notification upon approval or denial of your request.

For questions on Paid Parental Leave reach out to your Human Resources.

Employee: Submit completed Paid Parental Leave Request Form to your Human Resources.

Section E: Institution Human Resources Representative

Confirm employee's eligibility for Paid Parental Leave.

☐ The employee is one of the employee types as outlined in Parental Leave Policy.

☐ The employee or the employee's spouse/partner has a qualifying event as defined in Parental Leave Policy.

☐ Documentation Received (as soon as practical after the qualifying event).

☐ The employee has completed one year of continuous employment with Centenary College of Louisiana, in position(s) that are eligible for Paid Parental Leave.

☐ The employee has not claimed another qualifying event for which Paid Parental Leave was granted in the 12 months preceding the anticipated date of the qualifying event for which this leave application is made.

Signature indicates you have reviewed Parental Leave Policy and the employee meets all eligibility requirements as outlined in the policy.

HR Representative Signature: _____ Date: _____ Type or print name: _____

Human Resources Representative: Submit completed form to hr@centenary.edu.

Section F: Notes (completed by Institution Human Resources Representative

If request was denied indicate reason: