



# State of Delaware Department of Human Resources

## PARENTAL LEAVE REQUEST FORM

<b>Policy #:</b> To be assigned	<b>Authority:</b> 29 Del.C. §§ 5120, 5253
<b>Effective Date:</b> April 1, 2019	<b>Supersedes:</b> N/A

### Section I: Employee Information

Employee Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_  
 Employee Title: \_\_\_\_\_ Employee Supervisor: \_\_\_\_\_  
 Employee Department/Division: \_\_\_\_\_  
 Employee E-Mail Addresses: Work \_\_\_\_\_ Home \_\_\_\_\_  
 Employee Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_

### Section II: Parental Leave Information

In agreement with the Parental Leave Policy, I certify that I meet the following eligibility requirements:

- I am or will be the biological parent or adoptive parent of a newborn or adopted child six (6) years of age or younger.
- I am or will have been employed by the State of Delaware Executive Branch Agency in a full-time position for at least 12 months prior to the birth or adoption of the child.

Requested Parental Leave Dates: First Day of Leave \_\_\_\_\_ Last Day of Leave \_\_\_\_\_

Birth (Expected Date of Birth: \_\_\_\_\_)  Adoption (Expected Date of Legal Adoption: \_\_\_\_\_)

I plan to take Parental Leave in 12 consecutive calendar weeks upon the birth/adoption of my child.

I plan to take up to 12 calendar weeks of leave in two (2) week consecutive time periods within 12 months of the birth/adoption of my child. I understand this leave must be taken in one (1) or more two-week time periods and the schedule is to be reviewed with my supervisor/human resources manager.

### Section III: Employee Certification

I further affirm that the information I have provided on this form is accurate and complete. I understand that I am required to use Parental Leave for the purpose of caring for and/or bonding with my newborn or newly adopted child who is six (6) years of age or younger. I acknowledge that I have read and understand the Parental Leave Policy and Procedure available to me on the Delaware Department of Human Resources website [LINK] and that I will provide to my agency human resources representative the required documentation and information as required. This includes that within 30 days of the birth or adoption of the child, I must provide my Human Resources Office with a copy of legal documents which include the name of the legal parent(s) and date of birth or adoption.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section IV: Supervisor Approval of 2-Week Time Period(s) Leave

**The 2-Week Time Period Parental Leave Schedule has been reviewed and approved.**

Supervisor Name: \_\_\_\_\_ Supervisor E-Mail: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section V: Human Resources Eligibility

The employee \_\_\_\_\_ meets \_\_\_\_\_ does not meet the eligibility criteria

Human Resources Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_