



**State of Delaware
Department of Human Resources**

PARENTAL LEAVE REQUEST FORM

Policy #: To be assigned.	Authority: 29 Del.C. §§ 5120, 5253
Effective Date: April 1, 2021	Supersedes: April 1, 2019

Section I: Employee Information

Employee Name: _____ Employee ID #: _____
 Employee Title: _____ Employee Supervisor: _____
 Employee Department/Division: _____
 Employee E-Mail Addresses: Work _____ Home: _____
 Employee Phone Numbers: 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, or lawfully placed for adoption 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 or Lawful Placement for 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 that 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 current [Parental Leave Policy and Procedure](#) available to me on the [Delaware Department of Human Resources website](#) 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, lawful adoption placement, or adoption. I acknowledge and consent to the use of my electronic signature as indicated at the end of this form.

Employee Signature: _____ Date: _____

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

The 2-week Time Period of Parental Leave schedule has been reviewed and approved.

Supervisor Name: _____ Supervisor Email: _____
 Supervisor Signature: _____ Date: _____

Section V: Human Resources Eligibility

The employee meets does not meet the eligibility criteria. Comments: _____

Human Resources Reviewer Signature: _____ Date: _____

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 Del. C. Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.