



Parental Leave Form

***NOTE:** Employee must have worked at least 12 consecutive weeks in a full time position prior to the request for Parental Leave and exhausted any and all available personal/accrued sick leave days prior to applying for Parental Leave. (Cabell County Policy 3430.03, 4430.03; WV Code 18A-2-2a, 18A-4-7b, 21-5D-1)

NAME: _____ EMP. ID# _____

SCHOOL: _____ POSITION: _____

LEAVE IS BEING REQUESTED FOR THE FOLLOWING REASON

☐ Birth of a son or daughter of an employee

☐ Placement of a son or daughter with an employee for adoption

☐ Care for the employee's son or daughter, spouse, parent or dependent who has a serious health condition

DATE OF BIRTH OR ADOPTION: _____

DATE PARENTAL LEAVE ABSENCE WILL BEGIN (include first day of absence due to birth or adoption)

LEAVE WILL BE ☐ Continuous ☐ Intermittent*

*If requesting intermittent leave, please describe:

ANTICIPATED RETURN TO WORK DATE: _____

☐ I have attached a copy of my completed request form for leave under the Family and Medical Leave Act, if applicable, or other appropriate documentation, to support this request.

I am requesting Parental Leave for an absence up to 12 weeks for the purpose of caring for and nurturing my child. By submitting this form, I certify that I am the sole Primary Caregiver for the period of leave requested for a child who was born within 6 months of the date of this request for Parental Leave, or a child whom I adopted within 6 months preceding the date of this request for Parental Leave.

Employee's Signature _____ Date _____

OFFICE USE ONLY

EFFECTIVE DATE OF PARENTAL LEAVE: _____

(This date represents the first day after the employee's earned annual and personal leave has been exhausted.)

LAST DAY ELIGIBLE FOR PARENTAL LEAVE: _____

(This date can be no later than 6 months after birth or adoption of a child)

ANTICIPATED RETURN TO WORK DATE: _____

REQUEST FOR PARENTAL LEAVE IS:

_____ **APPROVED**

_____ **DENIED**

COMMENTS:

PERSONNEL MANAGER SIGNATURE

DATE