

# Request for Parental Leave

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone/Voice Mail: \_\_\_\_\_

Email: \_\_\_\_\_ @wls4kids.org Personal Email Address: \_\_\_\_\_

Position/Grade: \_\_\_\_\_ Building/Dept \_\_\_\_\_

I am requesting a leave for the (check one):  birth  adoption  foster placement of a child.

Estimate date leave begins: \_\_\_/\_\_\_/\_\_\_ Date of return to work: \_\_\_/\_\_\_/\_\_\_ Projected Due Date: \_\_\_/\_\_\_/\_\_\_

Under normal circumstances, birth mothers may use paid sick days for any regularly scheduled workdays within the 6-week period immediately following delivery of the baby (8 weeks if cesarean). Birth fathers may use up to 5 paid family sick days in the week immediately following delivery. Paid sick days are not available for adoption or foster placement.

You are eligible for FMLA leave if you have worked at least 12 months for the District and worked a minimum 1250 hours during the previous 12 month period. If you do not qualify for FMLA leave, you are still entitled to request leave under the conditions of your Master Agreement.

## DIRECTIONS:

- Submit this request to Human Resources as early as possible, but at least 30 days in advance of the start of the leave. Exceptions can be made for unforeseen emergency medical situations.
- Notify the Human Resources Office immediately of any changes in the estimated dates listed above.
- Notify the Human Resources Office of the date of delivery/adoption/foster placement within 5 working days and provide a copy of the documentation of the date from the doctor/hospital or legal agency.
- For employees with District health, vision or dental insurance: Submit completed forms to Payroll within 30 days of the birth/adoption to add the child to your insurance.
- Birth Mothers Only: Submit a doctor's notice clearing you to return to work before you are eligible to return.
- More information on FMLA and Leaves of Absence, is available in your TAWLS or OAPSE collective bargaining agreement, SAAWLS or Non-Bargaining Handbook, Board Policy, and posted on each building's notice board.

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

Date: \_\_\_/\_\_\_/\_\_\_

Is leave request approved?  YES, qualified for FMLA  
 YES, but NOT FMLA Explain: \_\_\_\_\_  
 NO, Explain: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Washington Local Schools Human Resource Office, 3505 W. Lincolnshire Blvd., Toledo, OH 43606**

**Fax 419-407-4004**

**Phone: 419-473-8225**

**Email: lberryma@wls4kids.org**

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**Office Use Only.** Initial when completed and all parties notified.

Long-term sub assigned: \_\_\_\_\_

Documented date of Delivery/Adoption: \_\_\_\_\_ Type of Delivery:  regular  cesarean

Doctor's notice of additional qualifying sick days other than the 6 or 8-week post delivery period.

Explain: \_\_\_\_\_

Schedule of paid/unpaid days:

\_\_\_\_\_ through \_\_\_\_\_ = \_\_\_\_\_ PAID (\_\_\_\_ sick \_\_\_\_ pl \_\_\_\_ vac)

\_\_\_\_\_ through \_\_\_\_\_ = \_\_\_\_\_ UNPAID approved by Board on \_\_\_\_\_

Last day of district paid insurance (if applicable): \_\_\_\_\_ COBRA?  yes  no