

APPLICATION AND REQUEST FORM FOR STAFF PARENTAL LEAVE

To apply for a parental leave of absence under the Staff Parental Leave Policy or any other state mandated leave of absence for child bonding, you must give your supervisor and Human Resources as much advance notification of your absence as possible, but not later than four months prior to the expected beginning of the leave or as soon as the date of the need for leave, when it is less than four months. You will also be required to provide your expected return to work date. Evidence of birth, adoption, or foster-care placement will be required before leave is granted.

TO: HUMAN RESOURCES OFFICE

FROM: _____
 Print Employee's Name

I have read the Staff Parental Leave policy and have been given a policy orientation on _____ by _____.

My Staff Parental Leave will commence on _____ for the
 birth adoption or foster care placement event. I will provide the required evidence supporting this request.

_____ I understand that it is my responsibility to notify the Human Resources Department *within 48 hours* of the date
 Initial my parental leave begins. Human Resources can be notified by phone at (909) 621-8490 or by email to
hr@cmc.edu.

I have chosen ONE of the following leave options under the Staff Parental Leave Policy and realize that once I begin a payment option there will be no opportunity to revoke my choice.

Option A

A maximum of 12 weeks paid leave compensated at 75% of my regular salary.

My expected return to work date will be _____.

Option B

A maximum of 4 weeks (20 workdays) paid leave compensated at 100% of my regular salary.

Leaves must be taken in one-week increments. Please specify dates for leave:			
Week 1		Week 7	
Week 2		Week 8	
Week 3		Week 9	
Week 4		Week 10	
Week 5		Week 11	
Week 6		Week 12	

 EMPLOYEE'S SIGNATURE

 DATE SIGNED

 SUPERVISOR'S SIGNATURE

 DATE SIGNED

Attachment (Supporting Evidence)