



Notice of Leave for Birth, Adoption or Placement of a Child

Employee Information

Name \_\_\_\_\_  
First Middle Last Employee ID Number

Preferred Telephone \_\_\_\_\_ Department Name \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Relationship to the child \_\_\_\_\_

Expected date of birth or placement for adoption or foster care (if known) \_\_\_\_\_

Anticipated time off (also include any FLMA time that you may also be requesting beyond Parental Leave)

Usual work schedule \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Department \_\_\_\_\_

Would you be willing to provide a testimonial for Parental Leave once you have returned? ( Y N )

*Paid Parental Leave must be taken continuously beginning at the birth or placement of the child.  
After the Paid Parental Leave, any remaining FMLA leave may be taken continuously or intermittently.  
Intermittent FMLA leave requires supervisor approval.*

Documentation of the birth (birth certificate or other document verifying the birth), adoption (legal document) or placement of a child (legal placement or foster care document) is required within 60 days of the beginning of leave for Parental Leave. Documentation must show the employee is a parent or has a parental relationship. You will be charged leave time or no pay until the required documents are received. Leave time will be credited once documentation is received. Time used under Parental Leave may also be designated as FMLA leave. For more information, please see the Leave Practices Policy (3.03.05), FMLA policy (3.03.06) or contact your Personnel Payroll Administrator (PPA).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature if requesting intermittent FMLA leave \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to [LeaveRequest@sclgov.com](mailto:LeaveRequest@sclgov.com).