

Parental Leave Request Form

Employee Name:		Employee ID:
Department:		Supervisor:
Phone Number:	Email Address:	
Anticipated Plans for Paid Parental Leave (PPL) for FMLA Leave		
Reason FMLA leave is being requested:		
\square Birth of child \square Placement for adoption \square Foster care/legal guardianship placement		
Have you already applied for FMLA? \Box Yes \Box No		
Have you been approved for FMLA?		
How many hours do you work in a 6-week period (example, 40-hour week = 240 hours)?		
	Anticipated	Actual
Date of birth or placement		
Date use of PPL begins		
Date use of PPL ends *6 calendar weeks max		
Date use of Comp Time and/or		
Personal Leave begins		
Date use of Comp Time and/or Personal Leave ends		
Date of planned return to duty		
Do you anticipate you will go into Leave without Pay? ☐ Yes ☐ No		
Do you anticipate needing Leave Donations?		
Employee Certifications (Initial each box)		
I attest that this leave is being taken for the birth of my child or because of placement of a child with me for adoption or foster care or legal guardianship and that the leave will be used in connection with my fulfillment of my parental role to care for and bond with the child.		
I have notified my supervisor within 30 days of the actual date of birth or placement.		
Employee Signature:		Date:
Supervisor Signature:		Date:
Leave Administrator Signature:		Date:

Please send this completed form to: cbjleaveadmin@juneau.gov

Information about Paid Parental Leave & FMLA can be found here: <u>Employee Forms & Info – City and Borough of Juneau</u>

If you wish to enroll your child in benefits, please contact Natasha Peterson at natasha.peterson@juneau.gov within 30 days of birth or placement of child.