

COLUMBUS STATE

HUMAN RESOURCES
DEPARTMENT

Paid Parental Leave Request Form - FOP

This request should be made at least thirty (30) Days in advance of the date on which you wish to start Paid Parental Leave or as soon as is practical. Please reference CSCC and Fraternal order of Police (FOP) Contract 2021-2024, Article 20 – Parental Leave for more information:

<https://www.cscce.edu/employee/hr/pdf/FOP%20Labor%20Agreement%202021-2024.pdf>

To be completed by EMPLOYEE

Employee Name: _____ Cougar ID #: _____

Job Title: _____ Department: _____

Preferred Phone: _____ Email: _____

**All eligible employees (birth mother and parent) can take up to 160 hours/4 weeks of paid parental leave. Eligible birth mothers can take an additional 80 hours/2 weeks of paid parental leave for a maximum benefit of 240 hours/6 weeks.*

- I am requesting Paid Parental Leave with an anticipated start date of _____ and end date of _____.
- I wish to use my own accrued leave after the parental leave expires with an anticipated start date of _____ and end date of _____. **Eligible employees may take up to 12 weeks of FMLA, parental leave included.*
- I am requesting the leave on an intermittent basis with an anticipated start date of _____ and end date of _____.

Reason for Requesting Leave:

- Birth of a child – Expected Date of Birth: _____
- Adoption of a child – Expected Date of Placement: _____
- Foster/Custodial Placement of a child – Expected Date of Placement: _____

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- For a *Birth*, documentation proving eligibility for Paid Parental Leave (Birth Certificate or Hospital Birth Confirmation) required.
 - For an *Adoption*, documentation from a Court Agency and/or Attorney (Custody/Adoption Order) required.
 - For *Foster Care/Custodial Placement*, government-issued or legal document dated and signed by a court official indicating the date that the child was placed in the home required.

I affirm that the information provided on this form is complete and accurate. I acknowledge that I have read and understand the Paid Parental Leave information available to me on the CSCC HR website and that I will provide the required documentation and other information as may be requested.

Employee Signature: _____

Date: _____