



Parental Leave Certification Form

Est. 1/1/2024

PARENTAL LEAVE CERTIFICATION FORM

All information requested below is required to be filled out.

Employee Name		ID #
Phone Number (work)	Email Address (work)	
Phone Number (personal)	Email Address (personal)	
Name of Agency		Personnel Area

Reason for requesting Parental Leave:

Birth of a child
 Placement for adoption
 Placement for foster care

Anticipated

Date of Birth or Placement:	
Date Parental Leave begins:	
Date Parental Leave concludes:	
Requested method of Parental Leave:	<input type="checkbox"/> Continuous use <input type="checkbox"/> Intermittent use*
*Reason(s) intermittent leave is being requested:	
*How do you intend to utilize intermittent leave:	

Employee Certifications (initial each box)

	I certify parental leave is being taken because of the birth of a child or placement of a child with me for adoption or foster care and will be used in accordance with LCTCS Policy #6.003.
	I shall provide documentation sufficient to establish a parent-child relationship, or the occurrence of a court proceeding or mandatory meeting related to placement for adoption for foster care.
	If I provide an anticipated date of birth or placement, I shall notify my agency as soon as practicable of the actual date.
	I understand that utilizing parental leave in violation of LCTCS Policy #6.003 may result in disciplinary action, including the possibility of separation or dismissal from my position.
	I understand that any eligible Family Medical Leave (FMLA) available to me shall run concurrently with the use of parental leave.
	I certify that all statements made in this certification form are true and correct to the best of my knowledge.
EMPLOYEE'S SIGNATURE	DATE

Employee Name: _____

Personnel/ID #: _____

REQUIRED DOCUMENTATION*Required documentation shall be submitted no later than 15 days following the qualifying event.*

Documentation Requirements: Employee shall provide appropriate documentation which is sufficient to establish a parent-child relationship, or the occurrence of a court proceeding, or mandatory meeting related to placement for adoption or foster care.

Failure to provide required documentation may result in a delay in the effective start date of parental leave and/or denial of parental leave.

TO BE COMPLETED BY HUMAN RESOURCES**Parental Leave Eligibility**

Does employee's request meet the requirements of a qualifying event in accordance with LCTCS Policy #6.003?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employee full-time or part-time?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
If part-time, how many hours a week is the employee eligible for?	
Is the employee in a leave-earning position on the date of the qualifying event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee worked at least 12 months with the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee physically worked 1250 hours in the 12 months preceding the date leave is to commence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What dates were utilized to determine the lookback period?	Start date:
	End date:
Did the employee provide the required documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select documents received: <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Adoption Placement Paperwork/Court Docket <input type="checkbox"/> Foster Placement Paperwork/Court Docket <input type="checkbox"/> Other: _____	

Human Resources Contact Info

Name and Title	
Email Address	Phone Number

AGENCY APPROVAL

<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
Actual or Anticipated Parental Leave Dates:		Reason for Denying Parental Leave	
Begin Date:	End Date		
SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE		DATE	