

Parental Leave Request Form

Pittsburg State University, Human Resource Services

Eligible University Support Staff and **Unclassified Employees** complete this form when requesting paid parental leave. The **Primary** caregiver will receive up to **320 hours** of paid parental leave. The **Secondary** caregiver will receive up to **160 hours** of paid parental leave. This applies to the birth of a child (children) or placement of a child (children) for adoption.

Name: _____ **PSU ID #:** _____ **Dept:** _____

Email: _____ **Phone Number:** _____

Are you currently receiving Worker's Compensation? Yes No

Reason for Leave Request: Birth: Due Date: _____ or Date of Birth: _____

Adoption: Date of Placement: _____ Age of Child: _____

Dates of Requested Leave: From _____ To _____

Note: Paid Parental Leave must be taken within the 12 weeks immediately following the date of birth or date of placement.

Primary/Secondary Designation: If both parents are eligible for Paid Parental Leave, you are required to self-identify as either the primary or secondary caregiver. A parent designated as Primary Caregiver will receive up to 320 hours of Paid Parental Leave, and a parent designated as Secondary Caregiver will receive up to 160 hours of Paid Parental Leave. If you are the only parent eligible for Paid Parental Leave, you may select Primary Caregiver.

Please Select Caregiver Status: Primary Caregiver: Secondary Caregiver:

Leave Will Be Used: Consecutively: Intermittently:

Affirmation and Signature

I authorize Human Resource Services to obtain any necessary information regarding my request for Parental Leave. I understand that denial of this application is based on eligibility criteria and is not subject to appeal. I affirm that I am either the child's natural or adoptive parent. I affirm that if the child has more than one caregiver working for Pitt State or any State of Kansas agency, we are not both claiming to be the Primary Caregiver.

Employee's Signature

Date

Return to Pittsburg State University Human Resource Services

Russ 204, payroll@pittstate.edu

To be completed by HRS:

Approved Denied Dates of Leave Approved: _____ to _____

HRS Signature: _____ Date: _____

CC: Supervisor Name: _____ Date: _____

