

Family and Medical Leave Act Parental Leave of Absence Request and Notice Form

EMPLOYEE INFORMATION				
Employee's Name:	Employee ID:			
EMPLOYMENT TYPE				
USPS Faculty A	&P Executive Service OPS			
CONTRACTUAL PERIOD				
□ 9 month □ 10 month □ 12	2 month 🛛 Varied (OPS employees)			
EXPECTED DATES OF LEAVE				
Continuous Leave Begi	in Date: End Date:			
□ Intermittent Leave Begi	in Date: End Date:			
Reduced Work Schedule Begi	in Date: End Date:			
REASON FOR LEAVE REQUEST				
 The birth of a child and to care for the newborn child within one year of birth. The placement of a child for adoption, foster care, and/or to care for the newly placed child within one year of placement. 				
PARENTAL LEAVE GUIDELINES				
I understand that I can take up to six months unpaid leave when I become the biological or adoptive parent of a child. I understand that while on parental leave, I may request and be placed on annual leave with pay to cover any part of the six months period until all or part of my earned annual leave has been used. I understand that by completing the required medical certification, I may be allowed to use earned sick leave while on parental leave.				
Employee's Signature:	Print Name: Date:			
SIGNATURES				
Supervisor's Signature:	Print Name: Date:			
Department's Head Signature:	Print Name: Date:			

LEAVE USAGE CHART

Instructions: Please list the biweekly pay period, type of leave requested, and number of hours that will be used. The time reporter code must be reported along with a corresponding leave code (sick for qualifying medical leave, vacation, compensatory, or leave without pay). The appropriate FMLA override reason code is required for all FMLA time entry:

FMLAA (Family and Medical Leave Act Annual)	- May be used for any type of absence
FMLAS (Family and Medical Leave Act Sick)	- May be used for medical/FMLA leave of absence
PRNLV (Parental Leave)	- May be used for birth or adoption of a child
Compensatory	- May be used for any type of absence (USPS employee only)
Leave Without Pay	- May be used for any type of absence

NOTE: According to the below schedule, leave will be deducted each biweekly pay period unless the Office of Human Resources is notified in writing to modify or discontinue.

Biweekly Pay Period	Leave Category	Number of Hours

Return completed forms to:

Office of Human Resources, 1700 Lee Hall Drive, 211 FHAC, Tallahassee, FL 32307