



## REQUEST FOR PAID PARENTAL LEAVE

**Employee Name:**

**Department Name:**

**Employee Email:**

I certify that I meet the following requirements for Paid Parental Leave:

1. I am the natural parent, domestic partner, or new adoptive parent.
2. I am a benefits-eligible employee and will have been employed for at least 12 months prior to the commencement of the Paid Parental Leave.

**Requested Parental Leave Dates:** From \_\_\_\_\_ (first day of leave) To \_\_\_\_\_ (last day of leave)

Birth – Expected Date of Birth

Adoption – Expected Date of Placement:

Elect to use (check all that apply):  sick  compensatory  annual  none

***In the event I do not return to work for at least 90 calendar days following the end of my approved leave, I agree to reimburse Pima County for the salary and benefits I received during my period of Paid Parental Leave. I understand that my available sick leave and vacation leave accruals will first be applied towards this reimbursement.***

Employee Signature: \_\_\_\_\_

Date:

Supervisor Acknowledgement: \_\_\_\_\_

Date:

Supervisor Name (please print):

**Submission:** Once completed and acknowledged by your supervisor, submit this form directly to your **department's** Personnel Representative for submission to HR-Leave Administration. Acceptable documentation showing proof and date of birth or proof and date of placement must be provided to HR-Leave Administration within 48 hours after birth or placement of a child.

**Leave Administration use only:**

Verification of birth or adoption viewed by: Initials: \_\_\_\_\_ Date: \_\_\_\_\_

HR-Leave Administration may be contacted by email at [HR.LeaveAdmin@pima.gov](mailto:HR.LeaveAdmin@pima.gov) or phone 724-8076.