Parental Leave Request Form

Human Resources Policy No. 45 - Parental Leave Policy allows eligible employees to take up to 6 weeks or 240 (hours) of paid leave for a Qualifying Event as defined by the policy. Parental leave, when applicable, shall run concurrently with Family and Medical Leave (FMLA). This request form shall be submitted along with any other forms or documentation required by the Human Resources Department – Benefits Division.

Please fill out electronically and submit the completed form to the Human Resources Department - Benefits Division: benefits@cityofomaha.org.

Section 1. *(To be completed by employee requesting Paid Parental Leave)*

Name: _____ , _____ I.D.#: _____
First Last

Position Title: _____

Direct Supervisor: _____

I, _____, am requesting paid parental leave due to a "Qualifying Event" as defined by Human Resources Policy No. 45.

Select Applicable Qualifying Event:

Birth of Child ☐ Adoption of Minor Child ☐ Foster Placement ☐

Anticipated date of Qualifying Event: _____

Anticipated Start Date of Parental Leave: _____

Anticipated End Date Parental Leave: _____

Please describe the nature in which you plan to take parental leave (continuous and/or intermittent):

If Intermittent, please describe the proposed intermittent leave schedule by which you intend to take parental leave:

_____ _____
Employee Signature Date

If you plan to take parental leave intermittently, please have your supervisor sign below indicating you have discussed your proposed intermittent leave schedule with your supervisor and you both agree on the proposed schedule.

Supervisor Signature Date

Section 2. *(To be completed by the Human Resources Department)*

Date Received: _____

Is the Employee eligible for FMLA? Yes ☐ No ☐

Has Employee submitted FMLA paperwork? Yes ☐ No ☐

Does employee have Qualifying Event? Yes ☐ No ☐

Will FMLA run concurrently with Parental Leave? Yes ☐ No ☐

If no, please describe reason:

Request Approved: ☐

Description of Approved Leave (dates, nature of leave, etc.):

Request Denied: ☐

Reason for Denial:

Signature Date

Notes (other relevant notes regarding leave, etc.):