



CITY OF PROVIDENCE
Jorge O. Elorza, Mayor

REQUEST FOR PAID PARENTAL LEAVE BENEFIT

SECTION A – TO BE COMPLETED BY EMPLOYEE

Parental leave of absence ensures an employee will receive a full six weeks of pay following the birth, adoption or fostering of a child in your household. Other conditions apply. Please speak to the Human Resources Department or refer to the City’s Parental Leave Policy available from HR or on the City website.

Name: _____ Contact # _____

Job Title: _____ Department: _____

Supervisor Name and Title: _____

I am requesting Paid Parental Leave for:

Birth of a child: _____ Adoption or foster care of a child in my home: _____

LEAVE START DATE: _____ LEAVE END DATE: _____

(You may provide estimates of the start and end dates. Medical or legal documentation must also be submitted prior to approval. The leave may be continuous or intermittent but in either event it cannot exceed twelve months following the date of birth, adoption or fostering.)

To be eligible for paid parental leave you must first exhaust all but two weeks of your existing paid time off benefits. Indicate below the time you would like to utilize, in order of preference. That is, put the number 1 next to the PTO benefit you wish to utilize first, 2 next to your second preference, and so on.

Compensatory Time Off _____ Vacation _____

Floating Holiday _____ Personal/Sick Leave _____

Employee Signature _____ Date _____

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PROVIDENCE THE CREATIVE CAPITAL



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Department Director (Please print and sign)

Date

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Approved _____

Denied _____

Director of Human Resources

Date

Start and End Dates _____

Accrued Time Being Used

	Personal/Sick	Vacation	Floating Holiday	Comp Time
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Week 6				

Remaining Accrual Balances

	Personal/Sick	Vacation	Floating Holiday	Comp Time
Week 1				
Week 2				

Number of parental leave days awarded: _____

8/2017