



CITY OF PROVIDENCE

Jorge O. Elorza, Mayor

Paid Parental Leave Application

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: _____

I work: _____ 35 hours/week _____ 40 hours/week

(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.)

DEPARTMENT OF HUMAN RESOURCES

Emmanuel R. Echevarria, Chief Human Resources Officer

Providence City Hall, 25 Dorrance Street, Providence, Rhode Island 02903

hr@providenceri.gov | Fax: 401-273-9510

www.providenceri.gov



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Estimate the amount of time you expect to have in each bank at the commencement of your leave	
Type	# of Hours
Sick/Personal Time	
Vacation	
Floating Holiday	
Comp Time	
Total:	

To be eligible for paid parental leave you must first exhaust all but 10 days of your existing paid time off benefits.

Enter below the amount of time you would like to remain upon your return to work	
Type	# of Hours
Sick/Personal Time	
Vacation	
Floating Holiday	
Comp Time	
Total:	70 Hours/80 Hours

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SECTION B - TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

Approved: _____

Denied: _____

Chief Human Resources Officer

Date

Type	# of Hours
Time Available	
Time to Preserve	
Total:	
Leave/Benefit Dates	
Leave Start Date	
Paid Parental Benefit Start	
Paid Parental Benefit End	

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