



SCS PARENTAL LEAVE CERTIFICATION FORM

All information requested below is required to be filled out.

Employee Name		Personnel/ID #
Phone Number (work)	Email Address (work)	
Phone Number (personal)	Email Address (personal)	
Name of Agency	Time Administrator Name (Print)	Personnel Area

Reason for requesting Parental Leave:

☐ Birth of a child ☐ Placement for adoption ☐ Placement for foster care

Anticipated or Actual

Date of Birth or Placement:

Date Parental Leave begins:

Date Parental Leave concludes:

Requested method of Parental Leave: ☐ Continuous use ☐ Intermittent use*

*Reason(s) intermittent leave is being requested:

*How do you intend to utilize intermittent leave:

Employee Certifications (initial each box)

	I certify parental leave is being taken because of the birth of a child or placement of a child with me for adoption or foster care and will be used in accordance with SCS Rule 11.36.
	I shall provide documentation sufficient to establish a parent-child relationship, or the occurrence of a court proceeding or mandatory meeting related to placement for adoption for foster care.
	If I provide an anticipated date of birth or placement, I shall notify my agency as soon as practicable of the actual date.
	I understand that utilizing parental leave in violation of SCS Rule 11.36 and/or agency policy may result in disciplinary action, including the possibility of separation or dismissal from my position.
	I understand that any eligible Family Medical Leave (FMLA) available to me shall run concurrently with the use of parental leave.
	I certify that all statements made in this certification form are true and correct to the best of my knowledge.
EMPLOYEE'S SIGNATURE	
DATE	

Supervisor: I acknowledge that I am aware of this request.

Print Name:

Signature/Date:

REQUIRED DOCUMENTATION

Required documentation shall be submitted no later than 15 days following the qualifying event.

Documentation Requirements: Employee shall provide appropriate documentation which is sufficient to establish a parent-child relationship, or the occurrence of a court proceeding, or mandatory meeting related to placement for adoption or foster care.

Failure to provide required documentation may result in a delay in the effective start date of parental leave and/or denial of parental leave.

TO BE COMPLETED BY HUMAN RESOURCES

Parental Leave Eligibility

Does employee's request meet the requirements of a qualifying event in accordance with SCS Rule 11.36?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the employee full-time or part-time?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
If part-time, how many hours a week is the employee eligible for?	
Is the employee in a leave-earning position on the date of the qualifying event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee worked at least 12 months with the State?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the employee physically worked 1250 hours in the 12 months preceding the date leave is to commence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What dates were utilized to determine the lookback period?	Start date:
	End date:
Did the employee provide the required documentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select documents received: <input type="checkbox"/> Insurance Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Adoption Placement Paperwork/Court Docket <input type="checkbox"/> Foster Placement Paperwork/Court Docket <input type="checkbox"/> Other: _____	

Human Resources Contact Info

Name and Title

Email Address

Phone Number

AGENCY APPROVAL

For Human Resources Use Only

☐ **Approved**

☐ **Not Approved**

Actual or Anticipated Parental Leave Dates:

Reason for Denying Parental Leave

Begin Date:

End Date

SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE

DATE