



Please indicate which benefit you are requesting and if applicable how you would like to use the time for the purposes of bonding:

**Paid Parental Leave**

I am requesting Parental Leave for the following time frame:

Begin Date of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected Last Day of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

I request to use parental leave in:

- 4 one-week increments
- 2 two-week increments
- 1 four-week increment

**Unpaid Family Medical Leave**

I am requesting Family Medical Leave bonding time and wish to use \_\_\_\_\_ weeks. (max of 16 weeks depending on prior FML usage)

Begin Date of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expected Last Day of Leave: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year Month Day Year

- I request a continuous leave from \_\_\_\_\_ to \_\_\_\_\_.
- I request intermittent leave for \_\_\_\_\_ (hours per day) \_\_\_\_\_ (days per week).

I certify that the information I provided above is true and correct.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_