

Winthrop University Paid Parental Leave Request Form

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| Employee Printed Name: | |
| Work/Cell Phone Number: | |
| Work Email Address: | |
| CWID Number: | |
| Supervisor's Name: | |
| Date of Request: | |
| Date of Qualifying Event: | |
| Parental Leave Start Date: | |

Reason Parental Leave Requested (Check One):

I am primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Six weeks of consecutive parental leave.) Only one Eligible State Employee may be designated the parent primarily responsible for furnishing the care and nurture of their child.

I am not primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Two weeks of consecutive parental leave.)

I have given birth. (Six consecutive weeks of parental leave.)

I am the co-parent of a newborn child. (Two weeks of consecutive parental leave.)

I am fostering a child in state custody. Choose option one or two. (Two weeks of parental leave.)

Option One: I will take the two weeks of paid parental leave at one time.

Option Two: I will take paid parental leave in two, one week, non-consecutive, increments.

Check one:

I **have not** used any paid parental leave in the twelve months preceding this request or for the qualifying event indicated on this request form.

I **have** used paid parental leave in the twelve months preceding this request or for the qualifying event indicated on this request form. (If yes, please provide the information below.)

- Date leave commenced
- Date leave ended (if applicable)
- State Agency/Institution where parental leave was used

Required Documentation as indicated below must be submitted within thirty (30) days of the birth, adoption, or foster care placement or as soon as practical after the documentation becomes available. If the required documentation is not provided within thirty (30) days of the event, the employee will be required to substitute other paid leave if available, and if not available, the employee will be placed on Leave Without Pay for the period absent from work.

| Qualifying Event | Required Documentation (choose one) |
|------------------|---|
| Adoption | <ul style="list-style-type: none"> • Adoption order and/or agreement confirming the initial date of placement. |
| Birth | <ul style="list-style-type: none"> • Birth Certificate or Proof of Birth • Certified DNA Results • Custody Order |
| Foster Placement | <ul style="list-style-type: none"> • Foster Care Placement Agreement • Custody Order |

I understand that paid parental leave is paid at one hundred percent of the eligible state employee’s base pay. Therefore, paid parental leave does not include any additional pay, such as overtime, supplements, bonuses, longevity pay, temporary salary adjustments, shift differential pay, on-call pay, call back pay, special assignment pay, or market, or geographic differential pay.

I certify that the information provided in this form is accurate and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Employee Signature:

Date:

Email completed form to HRHelp@Winthrop.edu, or mail to the Office of Human Resources, Employee Diversity, and Wellness, 303 Tillman Hall. Questions may be directed to HRHelp@Winthrop.edu

Human Resources Use Only:

Parental Leave Approved

Parental Leave Denied Reason:

HR Checklist:

Required documentation received/reviewed: YES Date received/reviewed:
NO

- If no, indicate dates documentation is requested from employee:

Is employee eligible for FMLA leave? YES NO

- If not FMLA eligible at the time of the event, date employee will become eligible: