



REQUEST FOR PAID PARENTAL LEAVE

Employee Name: _____ EIN: _____
Employee Email 1 (work): _____
Employee Email 2 (personal): _____
Department Name: _____

Requested Paid Parental Leave Dates - From: _____ To: _____

I certify that I meet the following requirements for 100% Paid Parental Leave:

1. I am the natural parent or new adoptive parent.
2. I am a benefits-eligible employee and will have been employed by Pima County for at least 12 months prior to the commencement of the Paid Parental Leave.
3. I acknowledge that (a) I am responsible to notify Leave Administration when both parents are County employees, and (b) the parents are limited to a combined total of 12 weeks of Paid Parental Leave

I understand that in the event I do not return to work for at least 90 calendar days following the end of my approved leave, I agree to reimburse to Pima County the salary I received during my period of Paid Parental Leave. I understand that my available sick leave and vacation leave accruals will first be applied towards the reimbursement prior to any eligible payout to me.

Employee Signature: _____ Date: _____

Submission: Once completed, submit this form, along with [the Leave Administration Form](#), directly to HR-Leave Administration by faxing to 520-791-6514 or emailing to hr.leaveadmin@pima.gov. Reasonable documentation showing proof and date of birth (or proof and date of adoption) must be provided to HR-Leave Administration within 7 calendar days after birth or adoption of child, unless not practical due to exigent circumstances; however, reasonable documentation must be provided.

For questions, please call HR-Leave Administration at 520-724-8076.

Leave Administration Use Only:

Actual Date of Birth or Adoption: _____

Verification of Birth or Adoption viewed by: Initials: _____ Date: _____