



## REQUEST FOR PAID PARENTAL LEAVE

Employee Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Employee Email: \_\_\_\_\_

Department Name: \_\_\_\_\_

Requested Paid Parental Leave Dates:

From: \_\_\_\_\_ To: \_\_\_\_\_

I certify that I meet the following requirements for paid Parental Leave:

1. I am the natural parent, domestic partner, or new adoptive parent.
2. I am a benefits-eligible employee and will have been employed for at least 12 months prior to the commencement of the 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 Pima County of 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.**

Parental Leave will pay 2/3 of my salary. For the remaining 1/3 of my salary, I elect to use my leave banks in accordance with Administrative Procedure 23-37 in the order of sick leave, compensatory time and annual leave:  Yes  No

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Questions, please call HR Leave Administration 520-724-8076.

**Leave Administration use only:**

Actual Date of Birth or Placement: \_\_\_\_\_

Verification of Birth or adoption viewed by: Initials: \_\_\_\_\_ Date: \_\_\_\_\_