

**Dutchess County CSEA
Paid Parental Leave Form**

**Dutchess County
Department of Human
Resources**

Date:		<p>◆ Article VIII Section 9 of the CSEA Collective Bargaining Agreement provides for up to 8 weeks of paid leave for the birth or adoption of a child. This time must be taken within 12 weeks of the actual birth or adoption, and need not be taken consecutively.</p> <p>This benefit is a supplement to Paid Family Leave (PFL). Submit this form to HR/Risk Management with your PFL application.</p> <p>◆ In order to be eligible for this benefit, you must have served at least one year in any full-time position.</p> <p>◆ The birth or adoption of a child is also a qualifying FMLA event. Please submit the appropriate FMLA form to determine eligibility. Once you are eligible for this benefit (date of birth or adoption), the benefit will run concurrently with FMLA entitlement.</p>
Name:		
Address:		
Department:		
Expected date of birth or adoption:		
Requested leave time: <i>(not binding – actual time used may be adjusted in coordination with your department)</i>	<hr/> <input type="checkbox"/> I plan to take this time consecutively commencing on the date of birth/adoption <input type="checkbox"/> I plan to take intermittently	

I hereby apply for Paid Parental Leave under the CSEA Collective Bargaining Agreement. I understand that failure to provide appropriate medical or adoption documentation in a timely manner may result in this benefit being denied. I understand that I need to call/e-mail Human Resources to confirm the actual date of birth or adoption to ensure that the appropriate benefit dates are calculated.

Signed: _____

TO BE COMPLETED BY HUMAN RESOURCES:

Paid Parental Leave Benefits (FMLA and Paid Family Leave are addressed on separate forms)

Date of hire into		At least one year?	<input type="checkbox"/>
Approved	<input type="checkbox"/> Associate: _____	Disapproved	<input type="checkbox"/> Reason: _____
Date of birth or adoption:		Twelve (12) week Start Date:	Twelve (12) week End Date:

***Please note that holidays that fall within the dates above do not count towards the allotted benefit, these days can be added to the twelve (12) week timeframe, if the eight (8) week paid benefit is not exhausted prior.**

Please note that this form is intended to allow the use of the Parental Leave Benefit, the overall leave should be coordinated and approved by your department.

◆ Should you have questions concerning this benefit, please contact the following HR employee:

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