



EMPLOYEE APPLICATION FOR PATERNITY L LEAVE

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

Smith ID Number: \_\_\_\_\_

Position: \_\_\_\_\_

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

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

Date of Request: \_\_\_\_\_

Please complete the information below and forward this application to your department head at least thirty (30) days before the expected date of delivery.

APPLICATION FOR PAID LEAVE

I am requesting a paid leave of absence under the Paternity Leave Plan. The leave begins the day the baby is born. NOTE: To be eligible for this paid leave, you must have completed 12 consecutive months of employment at the college in a regular or grant-funded position of half-time or more prior to the beginning of your leave.

Estimated Begin Date: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

NOTE: Leave may be for up to five consecutive work days.

Comments: \_\_\_\_\_

I understand that by requesting this leave of absence, I am committed to returning to work on the date specified.

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

DEPARTMENT HEAD

Comments: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

HUMAN RESOURCES

Signature \_\_\_\_\_

Date \_\_\_\_\_