

Office of Human Resources Garrison Hall 42 West Street

Northampton Mass. 01063

Employee Application for Parental Leave

Name:	Smith ID#:
Position:	Department:
Please complete the relevant section(s) below and days prior to the anticipated date of birth or adopt	I submit application to Human Resources at least 30 tion.
To be eligible for paid parental leave, you must have college in a regular position of half-time or more prior	completed 12 consecutive months of employment at the or to the beginning of your leave.
Please Check One:	
	imary Caregiver per the provisions of the <i>Parental Leave</i> of absence, I am committed to returning to work at Smith
Note: For this leave type, you will also be	e required to complete a Parental Leave Affidavit form.
☐ I am requesting a paid Parental Leave for No <i>Leave</i> policy.	on-Primary Caregiver per the provisions of the Parental
Anticipated date of birth or adoption (start date of	leave):
Anticipated Return to Work Date:	
Signature:	Date: