



Human Resources

9361 S. 300 E. Sandy, Utah 84070
Phone: 801.826.5500 Fax: 801.826.5374

Request for Parental Leave

Name: _____ Employee ID #: _____

Home Address: _____

City, State, Zip Code: _____ Phone Number: _____

Email Address: _____

School/Department: _____ Assignment: _____ Hire Date: _____

Last working day before leave begins: _____ Number of days requested: _____

1. Employees who qualify for paid leave benefits, who donated to the Sick Leave Bank that school/contract year and are giving birth, qualify for up to fifteen (15) consecutive contract days of Parental Leave.
2. Other District leave options, both paid and unpaid, may also be used for additional leave for the mother's recovery; i.e. Family Sick, Sick, Sick Bank, Personal, Alternative, Vacation, Non-Paid Personal Leave, or FMLA Non-Paid Personal Leave.

In order to be eligible for the Parental Leave you must:

- Donate one day of sick leave to the Employee-Funded Sick Leave Bank for the school year in which you are applying; and
- Provide medical certification bearing an original signature from the family member's doctor; and
- Complete and submit an application for Family Medical Leave Act (FMLA)

I hereby agree to repay any compensation paid from the Parental Leave I have used, at my daily rate of pay, if I terminate my employment with the district for other than medical reasons before completion of the current contract year. I understand if I have submitted a resignation for the current contract year, I am ineligible for Parental Leave.

(By signing your name, you agree the information in this form is accurate)

Employee's Signature

Date