



REQUEST FOR PARENTAL LEAVE & EXTENDED SICK LEAVE

This form is used to inform TCESC of an employee's intended plans for parental leave and/or any extended sick leave. Employees should consult their collective bargaining agreement regarding timelines and other necessary requirements before submitting this form. A current work calendar should accompany this form. (Blank calendars are available from Human Resources.) Employees must submit green sheets during the entire leave – even after sick time is exhausted.

Name: _____ Position: _____

Department: _____ Daytime Location & Phone: _____

Reason for Leave: ___ Parental Leave ___ Personal Illness or Illness in Immediate Family

SICK LEAVE USAGE: Individuals will be paid for their sick leave used and will receive benefits during this time.

Expected Date of Delivery/Adoption or Medical Surgery (if applicable): _____

I currently have _____ *hours* of sick leave accumulated as of _____ (paycheck date).
I am planning to take _____ *days* sick leave beginning _____ (first day using sick leave) and ending _____ (last day using sick leave).

I expect to return to work on _____.

FMLA LEAVE USAGE: FMLA entitles an eligible employee to 12 weeks unpaid leave with benefits. FMLA runs concurrently with any paid or unpaid leave.

I hereby request FMLA leave for a total of _____ days beginning _____ and ending _____. I intend to return to work on _____.

UNPAID LEAVE USAGE: Details for unpaid leaves are outlined in the Trumbull County Classified Staff Association Agreement in the Leave of Absence Without Pay section and in the Trumbull County Professional Staff Association Agreement in the Parental Leave section and the Leave of Absence -- Unpaid section.

I hereby request unpaid leave for a total of _____ days beginning _____ and ending _____. I intend to return to work on _____.
I have also attached the request for Extended Leave of Absence Without Pay that details the reason for the leave.

Signed: _____ Date: _____

Implemented: 8/03

