



Department of Employee Relations

Issued April 4, 2022; Revised March 23, 2023

**Paid Parental Leave Approval Form**

EMPLOYEE INFORMATION	
Name:	PeopleSoft ID #:
1. <input type="checkbox"/> Your Request for parental leave as indicated on your documentation is <b>approved</b> for the following period of time: <b>NOTE:</b> Should your need for time off exceed the frequency or duration shown above, or extend beyond the approval period, you will need to provide an updated certification or your FMLA may be denied.	
2. <input type="checkbox"/> Your Request for parental leave is <b>not</b> approved because: <input type="checkbox"/> You have not met the parental leave service requirement. <input type="checkbox"/> You have exhausted your parental leave entitlement in the applicable 12-month period. <input type="checkbox"/> Your documentation is not sufficient to support a need for leave. <i>Comment:</i> _____ <input type="checkbox"/> You failed to provide adequate notice of your need for parental leave.	
3. <input type="checkbox"/> Your request for parental leave is <b>pending</b> until additional information is received.  The documentation you have provided is not complete and sufficient to determine eligibility for parental leave. Please provide the information requested below no later than _____ (at least 7 calendar days) unless it is not practicable under the particular circumstances. Failure to provide information by the due date may result in denial of your paid parental leave.	
4. <b>Return to Work Requirements:</b> <input type="checkbox"/> You will be required to present a return to work release to <b>your departmental FMLA leave administrator</b> from your health care provider to be restored to employment, listing any medical restrictions (if applicable). <input type="checkbox"/> A list of the essential functions of your job <input type="checkbox"/> <b>is</b> <input type="checkbox"/> <b>is not</b> attached. If attached, the release-to-duty certification must address your ability to perform these functions. If such certification is not received in a timely manner, your return to work may be delayed until certification is provided.	

↑ Approving Officer's **Signature** (leave administrator) ↑

↑ Approving Officer's Title ↑

↑ Date ↑

Approving Officers' name (**printed**):

Departmental FMLA Administrator is responsible for providing a copy of this completed form to employee's supervisor and employee's payroll clerk.

- Copy to Departmental FMLA Administrator:
- Original to confidential Medical File