



# MIAMI-DADE COUNTY HUMAN RESOURCES DEPARTMENT

## REQUEST FOR PAID PARENTAL LEAVE

SECTION I: EMPLOYEE INFORMATION			
Last Name	First Name	MI	Employee ID Number
Job Title		Supervisor	
Department		Division	
Home Phone Number	Work Phone Number	Email:	

SECTION II: REASON FOR LEAVE
<input type="checkbox"/> For the birth of your child or to care for your newborn child; (Birth certificate required when it becomes available). Date of birth: _____
<input type="checkbox"/> For the placement of a child with you for adoption or state-approved foster care; (Finalized Adoption agreement or letter from placement agency required). Date of placement: _____
<input type="checkbox"/> For the foster care placement; (Proof of licensure and verification of placement which should include the age, gender and placement date of the child must be provided). Date of placement: _____
<p>During the leave period, the employee shall be paid 100 percent of his or her base wages for the first two weeks, 75 percent of his or her base wages for the following two weeks, and 50 percent of base wages for the remaining two weeks.</p> <p>Employees shall be eligible to use any accrued leave in order to receive compensation up to 100 percent of base pay during the weeks reimbursed at the rates of 75 percent and 50 percent.</p> <p>In the comments section below, please explain the type of leave you would like to use to cover the periods not paid at 100 percent.</p>
Comments: _____

_____ Anticipated Start Date of Leave	_____ Anticipated End Date of Leave
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SECTION III: ELIGIBILITY
An active employee is eligible for paid parental leave provided that: <ol style="list-style-type: none"> <li>You have been employed by Miami-Dade County for at least 12 months.</li> <li>You are a Non-Bargaining Unit employee or covered by a collective bargaining agreement whose agreement explicitly provides for this benefit.</li> </ol>

SECTION IV: CERTIFICATION			
An employee who takes paid parental leave must submit written certification of the need for such leave. Failure to provide the certification in a timely manner may result in a delay of approval of leave.			
	<b>Print Name</b>	<b>Signature</b>	<b>Date</b>
<b>Employee</b>			
<b>Department Personnel Representative</b>			
<b>Department Director</b>			

\*Forward completed form with supporting documentation to Human Resources - Personnel, Time and Attendance (PTA):

For use by Human Resources Only	
Processed by: _____	Audited by: _____