



REQUEST FOR PAID PARENTAL LEAVE

This request should be made at least 30 days in advance of the date on which you wish to start parental leave, when foreseeable. If both parents are eligible for parental leave, they will need to complete a separate Paid Parental Leave Request Form. Further information on Paid Parental Leave can be found at www.cityoflittlerock/policies-and-procedures/policy-manual/time-off/paid-parental-leave-policy.

Complete and sign this form, attach all required documentation, and **Mail to:** City of Little Rock / Human Resources / Labor Employee Relations Division 500 W. Markham Street, Suite B-18 Little Rock, AR 72201; or **Email to:** HRLaborRelations@littlerock.gov or walk in to HR at the front desk and can be routed to HR Labor Relations.

A. Employee(s) Information

Employee Name: _____ Employee ID: _____

Home Address: _____

City, State and Zip: _____

Home / Cell Phone: _____ E-mail: _____

Department Name: _____ Division: _____

Supervisor: _____ Phone: _____

If both parents work for the city, indicate by checking (YES ___ or NO ___) if yes: Please complete the section below.

Employee's Partner Name: _____ Employee ID: _____

Home Address: _____

City, State and Zip: _____

Home / Cell Phone: _____ E-mail: _____

Department Name: _____ Division: _____

Supervisor: _____ Phone: _____

B. Leave Information

I hereby give notice of my intent to take paid parental leave. I certify that I meet the eligibility requirements on the back of this form.

I plan to take _____ weeks (up to a maximum of twelve (12) continuous weeks) of leave from _____ (first day of leave) to _____ (last day of leave).

Reason for Requesting Leave:

- ☐ Birth of a child – Expected Date of Birth: _____
- ☐ Adoption of a child – Expected Date of Placement: _____
- ☐ Fostering of a child – Expected Date of Placement: _____
- ☐ Guardianship of a child – Expected Date of Placement: _____
- ☐ Surrogacy of a child – Expected Date of Placement: _____
- ☐ Pregnancy loss, including miscarriage or stillbirth, of the employee or the employee's partner.
Date of loss _____

C. **Submission:** Submit this form directly to the Human Resources / Labor Employee Relations Division along with:

For Birth: A copy of the child's birth certificate, hospital birth confirmation, or healthcare provider documentation with expected date of birth is required.

For Adoption / Foster / Guardianship / Pregnancy Loss / Surrogacy: Official documentation from a Court, Agency, and/or Attorney, a placement agreement is required.

For Pregnancy Loss: Health Care Provider documentation

ELIGIBILITY REQUIREMENTS:

Eligible employees must meet the following criteria:

- Have been employed with the City of Little Rock for at least one (1) year of continuous service and have worked at least 1,250 hours during the 12 consecutive months immediately preceding the date the leave would begin.
- Employees who have not met the above service requirements are eligible for up to six (6) weeks of paid parental leave.
- Be a full-time, regular employee (part-time and temporary employees are not eligible for this benefit).
- For probationary employees, the probation period will be extended by the duration of the leave.
- If both parents are employees of the City of Little Rock at the time of the birth or adoption of the child, the parents are entitled to a combined total of twelve (12) weeks of paid parental leave.

In addition, employees must meet one of the following criteria:

- Have given birth to a child.
- Be a spouse of a woman who has given birth to a child.
- Be the biological parent, or spouse of biological parent, of the child; or
- Have adopted, fostered, or became a guardian of a child who is 17 years old or younger.

AMOUNT, TIMEFRAME, AND DURATION OF PAID PARENTAL LEAVE

- Eligible employees will receive up to a maximum of twelve (12) weeks of paid parental leave per birth or adoption of a child. In addition, in no case will an employee receive more than twelve (12) weeks of paid parental leave in a rolling 12-month period, regardless of whether more than one birth or adoption event occurs within that 12-month time frame.
- The occurrence of a multiple birth or adoption (e.g., the birth of twins, adoption of siblings, fostering or guardianship of siblings) does not increase the twelve (12) weeks total amount of paid parental leave granted for that event.
- Each week of paid parental leave is compensated at 100% of the employee's regular, straight-time pay. Paid parental leave will be paid on regularly scheduled pay dates.
- Paid parental leave must be used within 12 months of the qualifying event.
- Paid parental leave may be taken as a continuous block or intermittently with department approval.
- Upon termination of the individual's employment at the City of Little Rock, he or she will not be paid for any unused paid parental leave for which he or she was eligible.

I attest that PPL is being taken because of the birth or adoption of a child or because of placement of a child with me for adoption, foster care, guardianship, pregnancy loss, or surrogacy. I hereby certify that all statements made on this form are true and correct to the best of my knowledge.

Employee Signature: _____ **Date:** _____

(if applicable)

Employee Signature: _____ **Date:** _____

Labor and Employee Relations Manager Approval: _____ **Date:** _____