

# Parental Leave Request Form

Pittsburg State University, Human Resources

**Eligible University Support Staff** and **Unclassified Employees** complete this form when requesting paid parental leave. The **Primary** caregiver will receive up to **320 hours** of paid parental leave. The **Secondary** caregiver will receive up to **160 hours** of paid parental leave. This applies to the birth of a child (children) or placement of a child (children) for adoption.

**Name:** \_\_\_\_\_ **PSU ID #:** \_\_\_\_\_ **Dept:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Are you currently receiving Worker's Compensation?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Reason for Leave Request:** Birth: \_\_\_\_\_ Due Date: \_\_\_\_\_ or Date of Birth: \_\_\_\_\_

Adoption: \_\_\_\_\_ Date of Placement: \_\_\_\_\_ Age of Child: \_\_\_\_\_

**Dates of Requested Leave:** From: \_\_\_\_\_ To: \_\_\_\_\_

*Note: Paid Parental Leave must be taken within the 12 weeks immediately following the date of birth or date of placement.*

Primary/Secondary Designation: If both parents are eligible for Paid Parental Leave, you are required to self-identify as either the primary or secondary caregiver. A parent designated as Primary Caregiver will receive up to 320 hours of Paid Parental Leave, and a parent designated as Secondary Caregiver will receive up to 160 hours of Paid Parental Leave. If you are the only parent eligible for Paid Parental Leave, you may select Primary Caregiver.

**Please Select Caregiver Status:** Primary Caregiver: \_\_\_\_\_ Secondary Caregiver: \_\_\_\_\_

**Leave Will Be Used:** Consecutively: \_\_\_\_\_ Intermittently: \_\_\_\_\_

## Affirmation and Signature

I authorize Human Resources to obtain any necessary information regarding my request for Parental Leave. I understand that denial of this application is based on eligibility criteria and is not subject to appeal. I affirm that I am either the child's natural or adoptive parent. I affirm that if the child has more than one caregiver working for Pitt State or any State of Kansas agency, we are not both claiming to be the Primary Caregiver.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**Return to Pittsburg State University Human Resources, Russ 204, [hr@pittstate.edu](mailto:hr@pittstate.edu)**

## To be completed by HR:

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Dates of Leave Approved: \_\_\_\_\_ to \_\_\_\_\_

HR Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CC: Supervisor Name: \_\_\_\_\_