

# ADMINISTRATIVE STEPS | PARENTAL BONDING LEAVE

EMPLOYEE: \_\_\_\_\_ POSITION: \_\_\_\_\_ PROGRAM/LOCATION: \_\_\_\_\_

1. **EMPLOYEE COMPLETES LEAVE REQUEST FORM** and SUBMITS TO LOCATION SUPERVISOR
  - a. Advance notice of at least 30 days is requested \_\_\_\_\_  
DATE REQUESTED
2. **LEAVE REQUEST IS REVIEWED BY APPROPRIATE ADMINISTRATOR**
  - a) Parental Bonding Leave available to Benefits Eligible employees [as defined in Handbook]
3. **SUPERVISOR APPROVES LEAVE AS APPROPRIATE**
  - a) **NOTIFY EMPLOYEE** of 6 Weeks paid time off available for Parental Bonding Leave beginning with the birth/placement
  - b) **Provide Short Term Disability Claim info to be initiated by a covered Female Employee** with an expectant birth
  - c) IF employee is FMLA leave eligible working for a covered location, up to 6 additional weeks of leave available for a total of 12 weeks
  - d) FMLA leave certification should be requested for those who qualify and work for a covered entity
  - e) **\*\*ALL ACCRUED LEAVE BALANCES [vacation & sick] WILL BE PAID OUT before going to UNPAID STATUS**  
**\*\*With the EXCEPTION of when a Staff member is receiving Disability or W/C payments [follow carrier's requirements]**
  - f) Health Insurance premiums are automatically deducted while in a pay status. *Payment is required by employee during non-pay status.*

**AMOUNT OF LEAVE** \*ALL MEDICAL/PARENTAL LEAVE RUNS CONCURRENTLY WITH SCHEDULED HOLIDAYS, SUMMER BREAK & FMLA LEAVE AS APPLICABLE

**(1) LEAVE REQUESTED:**

Beginning on (date): \_\_\_\_\_ Ending on (date): \_\_\_\_\_

**(2) LEAVE APPROVED:**

Beginning on (date): \_\_\_\_\_ Ending on (date): \_\_\_\_\_

**(3) NOTICE OF LEAVE APPROVAL TO EMPLOYEE:** \_\_\_\_\_

AS APPLICABLE Medical Certification / Birth Certificate Requested: \_\_\_\_\_ Returned: \_\_\_\_\_

## PAYROLL DEPT | LEAVE PAYMENT PROCESSING

**HR | PAYROLL USE ONLY**

Leave Approved?  Yes  No

Actual Date Leave Begins: \_\_\_\_\_ Paid Parental Bonding Leave thru: \_\_\_\_\_

STD PAY OFFSET, IF APPLICABLE: *Week 5 and 6 of PBL, Disability dates approved by Medical Provider*

**SHORT TERM DISABILITY PAY OFFSET: Manual adjustment in IOI | Disability Insurance paying 60% of wages**

Rate prior to offset: \$ \_\_\_\_\_ Adjusted amount [Weeks 5 & 6]: \_\_\_\_\_  
[40% of full rate]

Rate returned to regular amount: \$ \_\_\_\_\_  
*at conclusion of STD offset*

Additional Leave, if eligible: \_\_\_\_\_ Accrued Paid Leave applied: \_\_\_\_\_

ACTUAL RETURN to WORK DATE: \_\_\_\_\_ Payroll/HR: \_\_\_\_\_ Date: \_\_\_\_\_

*Completed by Signature*

Site Administrator Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_