



Pregnancy Leave, Parental Leave and Adoption Leave Application

Name of Applicant: _____ Location: _____

Position: _____ Date: _____

Please provide the following information:

Expected Date of Delivery/Arrival: _____

1. I am requesting Pregnancy Leave (a) _____ Yes/No
(b) _____ # of weeks (maximum number is 17 weeks)
2. I am requesting Adoption Leave (a) _____ Yes/No
(b) _____ # of weeks (maximum number is 68 weeks)
3. I am requesting Parental Leave (a) _____ Yes/No
(b) _____ # of weeks (maximum number is 61 weeks)

Please provide actual dates of leave:

Pregnancy/Adoption: (Start Date) _____ to _____ (End Date)

Parental: (Start Date) _____ to _____ (End Date)

Other: (Start Date) _____ to _____ (End Date)

Date of return to position: _____ Applicant's Signature: _____

Please return form to Human Resources Department