



**HUMAN RESOURCE SERVICES**  
 1515 Hughes Way, Long Beach, CA 90810  
 Certificated (562) 997-8651 ♦ Classified (562) 997-8430

**REQUEST FOR PARENTAL LEAVE**

(Please complete all sections and submit to your supervisor or manager for notification.)

**Employees may not provide substitute service while on paid parental leave.**

An employee who chooses to take Parental Leave must use available sick leave for a maximum of 12 workweeks. Employees will utilize sick leave until it is exhausted, and then they will receive parental statutory leave/half pay for the remainder of the 12 weeks. Employees must have been employed by the District for at least one year to qualify for parental leave. "Parental Leave" means leave for the reason of the birth of an employee's child, or the placement of a child with an employee in connection with adoption or foster care. Employees have one year from the child's birth, foster placement, or adoption to use the leave. Any available leave under the Family Medical Leave Act (FMLA) and child bonding leave under the California Family Rights Act (CFRA) run concurrently with Parental Leave.

**CERTIFICATED**       **CLASSIFIED**      [Substitutes and Exempt Employees are not eligible for Parental Leave]

Last Name, First MI	Employee Number	E-Mail Address
Street Address	City, State ZIP	(Area Code) Phone Number
Assignment Location	Job Title	

**Dates Requested:** Please indicate if you plan to take your parental leave in increments of less than 12 weeks.

Plan for Parental Leave: \_\_\_\_\_

Please indicate by Duty/School Year Calendar. From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year Month Day Year

*Parental leave must be utilized within 12 months of the birth or placement of the child/children.*

From: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Month Day Year Month Day Year

**Reason for Leave Request:**

- Parental Leave following **Birth of Child:** Child's DOB: \_\_\_\_\_
  - If Birth Mother:** A copy of the *Return to Work from Pregnancy Disability Leave* (PDL) form must be attached if applicable. This copy is required in addition to the copy provided to your work location.
  - If Other Parent:** Documentation verifying birth of the child.
- Parental Leave following **Adoption or Foster Care Placement of Child:** Child's Placement Date: \_\_\_\_\_  
 Documentation verifying the adoption or foster placement must be attached, including applicable date.

\_\_\_\_\_  
 Employee Signature Date

\_\_\_\_\_  
 \*\*Principal/Manager Signature Date  
 (\*\* For Notification Only)

**For HRS USE ONLY**

- 12 Month LBUSD Work \_\_\_\_\_
  - Sick Leave balance: \_\_\_\_\_
  - Utilized FMLA/CFRA \_\_\_\_\_
  - HRMS \_\_\_\_\_
  - Payroll Notified \_\_\_\_\_
  - Online \_\_\_\_\_
- 005297.00180  
 16530745.1

HRS Manager Signature	Date
HRS Deputy Superintendent Signature	Date