

**Swansea Public Schools**

**Parental Leave Request Form**

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ School / Building: \_\_\_\_\_

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Parental leave will be “paid” only if the employee has accrued sick time available. Parental leave is deducted from sick leave.

Effective July 1, 2016, parental leave is forty (40) school calendar work days from the date of the birth or the adoption of said child.

Family medical leave runs concurrent to parental leave. An employee may avail themselves of an additional unpaid twenty (20) school calendar work days once parental leave ends. Family medical leave is unpaid regardless whether an employee has sick time remaining.

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Anticipated date of departure (child’s due date / adoption date): \_\_\_\_\_

Date of paid time: \_\_\_\_\_ to \_\_\_\_\_

Date of unpaid time: (if any): \_\_\_\_\_ to \_\_\_\_\_

Anticipated date of return: \_\_\_\_\_

If you have any questions, please contact the Superintendent’s Office.

Office use only

Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent of Schools or designee

\_\_\_\_\_ request approved      \_\_\_\_\_ request denied      \_\_\_\_\_ current balance of sick days