City of Springfield Parental Leave

CERTIFICATION OF PREGNANCY AND EXPECTED DUE DATE

*This form must be submitted to Human Resources **by the 26th week of pregnancy**. Failure to submit the form on time will result in denial of parental leave. Please see the policy for detailed information.*

To be Completed by the Employee:

Employee Information (Print)	
Full Name: _____	Last 4 of SSN: _____
Email Address: _____	Cell/Home Phone: _____
Supervisor: _____	Department: _____
If the co-parent, whether biological or adoptive, works for the City of Springfield, provide the following:	
Full Name: _____	Department: _____

Parental Leave Information

Leave Type:

☐ Maternity (birth of employee's child)

☐ Paternity (parent/legal guardian of newborn)

☐ Adoption (placement of child age 17 or younger)

**The adoption of a new spouse's child is excluded from this policy.*

Leave Details:

Expected Date of Birth/Adoption: _____

Expected Return to Work Date: _____

Acknowledgement

By completing this form, I affirm that the information provided on this form is complete and accurate. I acknowledge that I have read and understand the Paid Parental Leave policy. I certify that I meet the following eligibility requirement and understand the following requirements:

- Eligibility Requirements:
  - I am or will be the biological or adoptive parent of a newborn or adopted child 17 years of age or younger.
  - I am an active, full-time employee with the City of Springfield and will be at the time of birth/adoption.
- Documentation will be provided upon the birth or adoption of my child.
- My form is being submitted by the 26th week of pregnancy.
- My leave will run concurrently with FMLA, as applicable. (*Follow documentation requirements/FMLA policy)*
- I may not engage in secondary employment during this leave unless previously approved.

Employee Signature: _____ Date: _____

Submit Completed Form to: COSFamilyMedicalLeaveAct.Service@springfield.il.us or Office of Human Resources – 300 S. 7th Street, Room 309

To be Completed by Human Resources

Date Form Received: _____ Leave Start Date: _____ ☐ Approved

Birth/Adoption Date: _____ Leave End Date: _____ ☐ Denied

☐ NICU Request (Child has been placed in the NICU. Defer the start of employee's leave until the child's release.)

Comments: _____

Human Resource Representative: _____ Date: _____