

Parental and Family Leave Request Form

Time Away to Care for Your Family

This form is required for time-off requests under the Parental & Family Leave Policy. Your request should be made *at least* 30 days in advance (or as much notice as practicable if the leave is not foreseeable) of your requested leave start date.

Complete the form, attach the required documentation including your Manager's signature, and submit to the Leave Administrator at leave@heritage-enviro.com.

Employee Information Section

Employee Legal Name (First and Last)

Employee ID

Manager (First and Last)

Home Address Street

City

State

Zip

Personal Email

Phone Contact

Reason for Leave

Expected Start Date

Expected Return Date

Provide the following completed documentation with this form when you submit it to HR Shared Services

Reason for Leave	Required Documentation – must be completed in its entirety and signed by medical provider (if required)
Birth Parent	<ul style="list-style-type: none">• FMLA Notice of Eligibility + Certification form (if applicable) OR• Parental & Family Leave Certification Form (non-FMLA eligible)
Bonding: Non-Birth Parent	Documentation from hospital, midwife, or doula indicating birth OR Bonding Leave Self-Attestation Form
Bonding: Adoption of a child	<ul style="list-style-type: none">• Court order or Filed Petition;• Official documentation from adoption agency;• Consent to Adoption document; OR• Other legal documentation demonstrating adoption
Bonding: Foster placement of a child	<ul style="list-style-type: none">• Proof of foster parent license AND• Placement documentation from Dept of Child Services
Family member with a serious illness	<ul style="list-style-type: none">• FMLA Notice of Eligibility + Certification form (if applicable) OR• Parental & Family Leave Certification Form (non-FMLA eligible)

Continue to next page to sign and date



Parental and Family Leave

Request form (continued)

Self-Attestation

I hereby give notice of my intent to take leave under the Parental & Family Leave Policy. I understand that use of the benefits in this policy other than for its intended purpose, if substantiated, will result in the revocation of benefits and disciplinary action up to and including termination. I attest that the information in this document and attached supporting documentation is true and submitted is true and correct.

Employee Signature

Date

Approval Section

Manager Signature

Date

Leave Administrator Signature

Date