

Parental Leave Act (PLA) Leave Request Form

We're happy to support you during this exciting time. Please complete this form to request Parental Leave. This request will be reviewed in accordance with applicable collective bargaining agreements, district policy, and state and federal law. Human Resources is available to assist you throughout the process.

Employee Information

- Employee Name: _____

- Job Title: _____

- Department/School: _____

- Supervisor Name: _____

- Work Email: _____

Leave Request Details Please tell us a bit about your requested leave below. Dates can be updated if circumstances change.

- Reason for Leave (check one):
 - Birth of a child
 - Adoption of a child under age 18
 - Placement of a child under age 18 pursuant to a court order
- Anticipated Date of Birth/Placement (if known): ____ / ____ / ____
- Requested Start Date of Leave: ____ / ____ / ____
- Requested End Date of Leave: ____ / ____ / ____
- Total Amount of Leave Requested (up to 8 weeks): _____ weeks

The Massachusetts Parental Leave Act provides up to eight (8) weeks of unpaid, job-protected leave for eligible employees. This leave may run at the same time as other applicable leave programs, depending on eligibility.

Using Accrued Time & Other Leave Programs Use of accrued paid time and coordination with other leave programs will follow the terms of the applicable collective bargaining agreement, district policy, and state or federal law.

Employee Acknowledgement By signing below, I confirm that the information provided is accurate to the best of my knowledge and that I am requesting Parental Leave.

I understand that: - Parental Leave is unpaid unless I elect to use accrued paid time, if eligible. - I may be asked to provide reasonable documentation related to the birth, adoption, or placement. - I will be returned to the same or a comparable position upon my return, in accordance with applicable law and the applicable collective bargaining agreement.

Employee Signature: _____ Date: ____ / ____ / ____

HR Use Only - Date Request Received: ____ / ____ / ____

- Bargaining Unit (if applicable): _____

- Eligibility Verified Per Contract and Law: Yes No

- Approved Leave Dates: ____ / ____ / ____ to ____ / ____ / ____

- Accrued Time Approved (per CBA): _____

HR Representative Name: _____

Signature: _____ Date: ____ / ____ / ____

Questions or Submitting This Form Please submit this completed form to Human Resources. Employees are encouraged to consult their collective bargaining agreement and may also reach out to their union representative with questions. HR is available to work collaboratively with employees and union representatives to ensure leave is administered fairly and consistently.