



## Paid Caregiver Leave (PCL) Application

Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Work Location \_\_\_\_\_

Job Title \_\_\_\_\_

Weekly Hours \_\_\_\_\_

Hire Date \_\_\_\_\_

*Note: Staff must be FMLA eligible as outlined in the Family and Medical Leave policy to be eligible for Paid Caregiver Leave.*

### Please select the qualifying relationship for which you will be providing care under PCL:

- Spouse/Domestic Partner
- Child
- Parent

### Approximate Leave Dates:

Start Date of Leave \_\_\_\_\_

Expected Return Date \_\_\_\_\_

If using PCL in two blocks of time, check here   
and provide both sets of leave dates below:

\_\_\_\_\_

I understand that leave must be requested and approved in advance where foreseeable. These documents are required in addition to this PCL application. All documents must be submitted to HR's Leave Administrator.

1. Certification by a Healthcare Provider for Family Member is required. This form is located on MyCML.
2. Domestic Partners must submit CML's Domestic Partner Affidavit located on MyCML (if not already provided to CML).

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Leave Approval:

HR's Signature \_\_\_\_\_

Date \_\_\_\_\_