

Paid Parental Leave (PPL) Application

Name _____

Application Date _____

Work Location _____

Job Title _____

Supervisor Name _____

Hire Date _____

Employee Category:

- Full-time
- Part-time, working 20+ hours week

Note: Staff working 19 hrs. or less are not eligible

Type of Parental Leave Requested:

- Birth
- Adoption
- Placement of a Foster Child

Employee Relationship:

- Biological Parent
- Adoptive Parent
- Foster Parent
- Domestic Partner/Spouse (to Biological, Adoptive, or Foster Parent)

Approximate Leave Dates:

Date of Qualifying Event _____

Expected Return Date _____

If unknown, please check here

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

1. Certification by a health care provider is required for the birth of a child. The "Certification of Health Care Provider" form is located on MyCML for biological parents, spouse & domestic partner.
2. Domestic Partners must submit CML's Domestic Partner Affidavit form located on MyCML (if not already provided to CML).
3. Adoption & Foster parents must provide official documentation of placement including length of time.

Employee's Signature _____

Date _____

Supervisor's Signature _____

Date _____

Leave Approval:

HR's Signature _____

Date _____