## Administrative Steps | Parental Bonding Leave Program/

| EMPLOYEE: | POSITION: | LOCATION: |

### 1. Employee Completes Leave Request Form and Submits to Location Supervisor
- **a.** Advance notice of at least 30 days is requested

### 2. Leave Request is Reviewed by Appropriate Administrator
- **a)** Parental Bonding Leave available to Benefits Eligible employees [[as defined in Handbook]]

### 3. Supervisor Approves Leave as Appropriate
- **a)** NOTIFY EMPLOYEE of 6 Weeks paid time off available for Parental Bonding Leave **beginning with** the birth/placement
- **b)** Provide Short Term Disability Claim info to be initiated by a covered Female Employee with an expectant birth
- **c)** IF employee is FMLA eligible working for a covered location, **up to 6 additional weeks** of leave available for a total of 12 weeks
- **d)** FMLA leave certification should be requested for those who qualify and work for a covered entity
- **e)** **ALL ACCRUED LEAVE BALANCES [vacation & sick] WILL BE PAID OUT before going to UNPAID STATUS**
  - **[With the EXCEPTION of when a Staff member is receiving Disability or W/C payments [follow carrier’s requirements]]**
- **f)** Health Insurance premiums are automatically deducted while in a pay status. **Payment is required by employee during non-pay status.**

### Amount of Leave

- **ALL MEDICAL/PARENTAL LEAVE RUNS CONCURRENTLY WITH SCHEDULED HOLIDAYS, SUMMER BREAK & FMLA LEAVE AS APPLICABLE**

#### (1) Leave Requested:
- Beginning on (date): ___________________________ Ending on (date): ___________________________

#### (2) Leave Approved:
- Beginning on (date): ___________________________ Ending on (date): ___________________________

#### (3) Notice of Leave Approval to Employee:
- Requested: ___________________________ Returned: ___________________________

### Payroll Dept | Leave Payment Processing

| HR | PAYROLL USE ONLY |

- **Leave Approved?**
  - [ ] Yes
  - [ ] No

- **Actual Date Leave Begins:** ___________________________ **Paid Parental Bonding Leave thru:** ___________________________

- **STD Pay Offset, if applicable:** **Week 5 and 6 of PBL, Disability dates approved by Medical Provider**

- **Short Term Disability Pay Offset:** Manual adjustment in IOI | Disability Insurance paying 60% of wages
  - **Rate prior to offset:** $ ___________________________ **Adjusted amount [Weeks 5 & 6]:** ___________________________
    - **[40% of full rate]**
  - **Rate returned to regular amount:** $ ___________________________
    - **at conclusion of STD offset**

- **Additional Leave, if eligible:** ___________________________ **Accrued Paid Leave applied:** ___________________________

- **Actual Return to Work Date:** ___________________________ **Payroll/HR:** ___________________________ **Date:** ___________________________

  **Completed by Signature**

- **Site Administrator Signature:** ___________________________ **Title:** ___________________________ **Date:** ___________________________