



PARENTAL LEAVE REQUEST FORM

DHR-Form #: DHR-STW-409.2-F

Authority: 19 Del.C. §§ 3701-3704; 29 Del.C. §§ 5120, 5253

Effective Date: January 1, 2025

Revision Date: January 1, 2025

Supersedes: April 1, 2019; April 1, 2021

Part 1: Employee Section

Employee Name: _____ Employee ID #: _____

Employee Title: _____ Employee Supervisor: _____

Employee Department/Division: _____

Employee E-Mail Addresses: Work _____ Home: _____

Employee Phone Numbers: Work _____ Cell: _____

Part 2: Parental Leave Information

In agreement with the Parental Leave Policy, I certify that I meet the following eligibility requirements:

- I am or will be the biological parent or adoptive parent or foster parent of a newborn or adopted, or lawfully placed for adoption or foster child.
- I am or will have been employed by the State of Delaware Executive Branch Agency in a full-time or part-time position for at least 12 continuous months as of the date of the birth, legal adoption or initial foster placement of the child.
- I have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave.

Requested Parental Leave Dates: First Day of Leave: _____ Last Day of Leave: _____

☐ Birth (Expected Date of Birth: _____)

☐ Adoption (Expected Date of Legal Adoption or Lawful Placement for Adoption: _____)

☐ Foster (Expected Date of Initial Foster Placement: _____)

☐ I plan to take Parental Leave in 12 consecutive calendar weeks upon the birth/adoption of my child.

☐ I plan to take up to 12 calendar weeks of leave in two (2) week consecutive time periods within 12 months of the birth/adoption/foster of my child. I understand that this leave must be taken in one (1) or more two-week time periods and the schedule is to be reviewed with my supervisor/human resources manager.

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☐ I further affirm that the information I have provided on this form is accurate and complete. I understand that I am required to use Parental Leave for the purpose of caring for and/or bonding with my newborn or newly adopted or foster child. I acknowledge that I have read and understand the current [Parental Leave Policy and Procedure](#) available to me on the [Delaware Department of Human Resources website](#) and that I will provide to my agency human resources representative the required documentation and information as required. This includes that within 30 days of the birth, adoption or foster placement of the child, I must provide my Human Resources Office with a copy of legal documents which include the name of the legal parent(s) and date of birth, lawful adoption or initial foster placement, or adoption. I acknowledge and consent to the use of my electronic signature as indicated at the end of this form.

Employee Signature: _____ Date: _____

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign option.**Part 4: Supervisor Review and Approval of 2-Week Time Period(s) Leave**

☐ **The 2-week Time Period of Parental Leave schedule has been reviewed and approved.**

Supervisor Name: _____ Supervisor Email: _____

Supervisor Signature: _____ Date: _____

You may type in your name for your signature. Do NOT use the Fill and Sign or eSign option.**Part 5: Agency Human Resources Review and Approval**The employee ☐ meets ☐ does not meet the eligibility criteria.

Comments: _____

Human Resources Reviewer Name: _____ Date: _____

Human Resources Reviewer Signature: _____ Date: _____

☐ By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purpose of the Uniform Electronic Transactions Act, 6 *Del. C.* Ch. 12A may be provided by checking a box as indicated, electronic initials or name, or email confirmation.

A copy of this completed Agreement must be sent to the Agency Human Resources office.