**Parental Leave Request Form**

**Purpose:** For employees requesting time off to care for a newborn or newly adopted child.

1. **Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Jane Doe | Employee ID | 12345 |
| Department | Marketing | Job Title | Senior Analyst |
| Email | jane.doe@email.com | Phone | +1 555-678-9012 |
| Supervisor/Manager | John Smith |  |  |

1. **Leave Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Leave | Parental Leave (Maternity/Paternity/Adoption) | Reason for Leave | Care of newborn child (or newly adopted child) |
| Child’s Name (if applicable) | Emma Doe | Child’s Date of Birth / Adoption Date | 15-Nov-2025 |
| Requested Start Date | 01-Dec-2025 | Requested End Date | 28-Feb-2026 |
| Total Leave Duration |  |  |  |

1. **Leave Plan & Handover**

|  |  |  |  |
| --- | --- | --- | --- |
| Tasks to be Covered During Leave | Prepare monthly reports, manage client communications | Temporary Contact/Delegate | Michael Lee |
| Notes / Special Instructions | Ensure all client emails are redirected to delegate | | |

**D. Employee Declaration**

I certify that the information provided above is accurate and request approval for parental leave as per company policy. I understand that approval is subject to organizational requirements and labor laws.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Supervisor/Manager Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| Approved / Denied | ☐ Approved ☐ Denied | Comments |  |
| Supervisor Name | John Smith | Signature |  |
| Date |  |  |  |

1. **HR Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| HR Review Date |  | Leave Recorded in System | ☐ Yes ☐ No |
| HR Signature |  |  |  |