

Contra Costa Community College District Parental Leave (AB2393) Form

Instructions to employees: Complete the form noted below. Return this form, including supporting documentation, to your manager who will then forward it to Campus and District Office Human Resources Department. Please note: you must be scheduled to work in order to utilize sick leave for Parental Leave.

I. Employee Information			Emp	oloyee ID		
Last Name, First Name M.I.	Campus/Location	Departm	ent	Supervisor		
	cumpusy Location	Departim		Supervisor		
Date of first day of leave	Return to work date: (estimated if not known)			Supervisor's Contact		
Address, City, State, Zip	Personal Email			Home Phone		
*Please tell us the best way to contact you while you are on lea in delayed payroll processing. II. Reason for requesting Parental			ormation for you.	Inaccurate in	nformatio	n may result
Leave may be granted for <i>any</i> of the follo this leave. All reasons require verification	-		•	ison(s) fo	or requ	lesting
□ Birth of Child □ Adoption	🗌 Foster C	are				
			Date of Birth, Ac	loption, Foste	er Care of	Child
Date Requested for Leave to Begin:		Return to	Work Date	:		
Will this leave be taken on an intermitten	t basis? 🗌 Yes	5 🗆 No	If "Yes", at	tach prop	posed	schedule.
Will you be utilizing vacation to suppleme leave? (Local 1/ Management Counci		if you exh	aust your s		Yes	🗆 No
 In order to be eligible for Parental Leave, accrued sick leave sick leave is exhausted, 50% pay or differential pay is used. Employee can use up to 12 workweeks of sick leave to bor Leave must be taken within 12 months of birth, adoption of Leave may be taken intermittently, but must be taken in b CFRA runs consecutively with Pregnancy Disability Leave (fits the second secon	 Vacation leave can be id with a new child. foster care. locks of at least two wee PDL) 	used to supple	ment 50% (Local	1 and Manag er blocks of t	gement C ime can b	ouncil). De taken twice.
 Employee must have completed at least 12 months of service does not need to be consecutive. If the leave is intermittent then the proposed schedule, intermittent then the proposed schedule, intermittent then the proposed schedule. 			_	part-time er	nployees.	Employment
For District Office, Human Descur					🗆 Ap	proved
For District Office, Human Resource	les use Uniy				🗆 De	enied
Completed Leave request form received by (print name)	Date Received	If denied state	reason for denial			

Signature of HR Representative

Date