

Central Massachusetts Collaborative

PARENTAL LEAVE NOTIFICATION FORM

Employee's Name

School/Program

Position

I would like to inform you that I intend to take _____ weeks of parental leave beginning on the day of my child's birth.

The anticipated birth date is: _____.

Employee Signature

Date of Request

Program Director Signature

Date

Executive Director Signature

Date

FOR CMC USE ONLY

Date of Hire: _____

Date Received: _____

Parental Leave Eligible: Yes No

FMLA Eligible: Yes No

FMLA Forms sent to Employee:

Actual Birth Date: _____

Date of Expected Return: _____