

PARENTAL LEAVE (CHILD CARE & BONDING) REQUEST FORM

An employee may take leave for the birth of a child, or placement of a child with the family for adoption or foster care, only within the first 12 months after birth or placement of the child. The purpose of this information is to provide you with information and procedures regarding Parental Leave and assist you with requesting leave.

If you have been employed by Tehama County Department of Education for at least one (1) year, you are eligible for up to 12 workweeks of Parental Leave which runs concurrent with Family Medical Leave Act (FMLA) or California Family Rights Act (CFRA). For birthing parents, eligibility for this leave begins after the medical disability recovery period (normally 6-8 weeks). For non-birthing parents, eligibility for this leave begins on the day of birth.

During this leave you must use any available personal necessity/sick leave until exhausted and then receive difference pay for the remainder of the leave. Difference pay is either calculated by subtracting the substitute's pay from your normal pay for certificated staff but not less than 50% pay or 50% of your normal pay for each day of leave for classified staff, depending on which employee group with which you are associated. If you do not wish to use all your sick leave, then the leave will be unpaid and no difference pay will be given.

FMLA and CFRA leave will run concurrently with paid leaves. Leave must be requested in advance and must be used in a minimum of 2-week increments except on two occasions leave must be granted for lesser durations. A workweek is any week in which a paid day is scheduled.

Your health insurance benefits will be maintained by the Department at the current level. You will be responsible for the employee's portion of the payment as you do now.

Once all available leaves are exhausted, you may request up to six (6) months of additional unpaid leave from the superintendent as described in your employees' contract or Tehama County Department of Education policy. Address your written request to the superintendent and send it to Human Resource Services.

Please do not hesitate to call Human Resource Services for information or assistance, and above all, best wishes to you.

PARENTAL LEAVE (Child Care & Bonding) REQUEST FORM

For planning purposes, please provide us with the following information:

Employee Name: _____ Employment Start Date: _____

Department: _____ Supervisor: _____

Expected Due/Placement Date: _____ Anticipated Return Date: _____

Leave needed (start date & end date or # of weeks): _____

I would like to use my sick leave until exhausted: Yes No (if no, then no difference pay will be given)

I verify I am eligible for leave requested:

Signature: _____ Date: _____