



SARGENT CENTRAL PUBLIC SCHOOL

PAID PARENTAL LEAVE REQUEST/AFFIDAVIT

Sargent Central Employee Name: _____

Expected Date of Birth/Adoption: _____

I certify that I meet the following requirements under the Paid Parental Leave Policy:

- 1. I am the natural parent, same sex spousal equivalent, or new adoptive parent (individuals adopting a spouse or a partner's natural child(ren) are not eligible).**
- 2. I will be the *primary caregiver during the paid leave.**

If both parents work for Sargent Central Public School, only one parent can be designated as a primary caregiver.

I acknowledge that the information I have provided above is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Signature

Date

Sign and submit this form to the Sargent Central Public School Superintendent at least 60 days prior to the proposed commencement of the leave period.

The Superintendent of Sargent Central Public School reserves the right to approve or deny any and all requested paid parental leave requests.

**A primary caregiver is defined as someone who has primary responsibility for the care of a child immediately following the birth or the coming of the child into the custody, care and control of the parent for the first time. This definition applies to both births and adoptions. Only one paid leave per child per household will be granted to the primary caregiver of the child. If only one parent is a Sargent Central Public School employee, he or she must be the primary caregiver to qualify for the paid leave.*