



COMMONWEALTH of VIRGINIA

Virginia School for the Deaf and the Blind

Paid Parental Leave Election Form

Employees must notify their department head of the request for Paid Parental Leave first.

Employee Name: _____ ID Number: _____

Address: _____

Phone Number: _____ Department: _____

Title: _____ Supervisor Name: _____

Reason for Request: Birth Adoption Foster/Placement

Applied for FMLA: Yes No

Anticipated Start of Leave: _____ Anticipated Return to Work Date: _____

_____ I choose to use Paid Parental Leave during my short-term disability waiting period

_____ I choose to use Paid Parental Leave to supplement my short-term disability coverage

_____ I am not covered by VSDP short-term disability (covered by Traditional Sick Leave plan instead)

_____ I choose to use additional Paid Parental Leave

Employee Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

For HR Use Only:

Approved: _____ Denied: _____ Date: _____

Denial Reason: _____

Director of Human Resources Signature: _____ Date: _____