

Office of Human Resources Garrison Hall 42 West Street

Northampton Mass. 01063

Employee Application for Parental Leave

Name:	Smith ID#:
Position:	Department:
Please complete the relevant section(s) below as days prior to the anticipated date of birth or ado	nd submit application to Human Resources at least 30 option.
To be eligible for paid parental leave, you must hav college in a regular position of half-time or more pr	re completed 12 consecutive months of employment at the rior to the beginning of your leave.
Please Check One:	
	Primary Caregiver per the provisions of the <i>Parental Leave</i> e of absence, I am committed to returning to work at Smith
Note: For this leave type, you will also	be required to complete a Parental Leave Affidavit form.
☐ I am requesting a paid Parental Leave for N <i>Leave</i> policy.	Non-Primary Caregiver per the provisions of the Parental
Anticipated date of birth or adoption (start date of	of leave):
Anticipated Return to Work Date:	
Signature:	Date: