

Return the completed form to City of Wichita, Human Resources: Fax (316) 858-7733, Email FMLA@wichita.gov, City Hall 2nd Floor.



REQUEST FOR USE OF MATERNITY OR PATERNITY LEAVE

This form should be submitted to the Human Resources Department at least 30 days prior to the anticipated date of birth, adoption or foster care.

A total of up to 12 weeks unpaid leave will be granted for the Birth, Adoption or Foster care of a child. This leave will run concurrently with FMLA leave if eligible. This policy only applies to employees who have been employed for a minimum of 12 months and have worked at least 1250 hours in the previous 12 months. This policy does not mandate the full usage of the 12 weeks and this leave will be coordinated with the employee's supervisor in order to provide adequate substitute help for the anticipated period of time the employee will be out of work.

Employee Name:	Last 4 of Social Security #:
Date of Hire:	Job Title:
Department:	Supervisor:
Expected Due Date:	Total # of weeks Requested:
Approximate 1 st day of leave:	Approximate Return Date:
Reserve: _____ hours of currently accrued sick leave (up to a maximum of 80 hours.)	Use all paid sick leave before using vacation _____ Yes (HED 220)

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

You are required to use **Accrued** leave before taking unpaid leave. **Please note: Only in cases of serious illness of the mother or child will medical certification be required.** It is anticipated there will be additional times of absence when the mother or father will be required to be out with a sick child or for doctor appointments, etc. Up to 80 hours of **currently** accrued sick leave can be reserved for these purposes by indicating so, on this form. FMLA leave for Birth, Adoption or Foster care of a child must be taken on a continuous basis. Intermittent leave is not permitted for this qualifying condition.

If you will be adding a new child to your existing City of Wichita Health Insurance, you have 30 days from the date of birth or adoption to come to HR to add the coverage. Required documentation to add the child will be a state issued birth certificate or the finalized court paperwork for an adopted child. Please be aware that Human Resources or your Supervisor may request a doctor's statement with detailed information at any time in addition to completing this form.