

Parental Leave

LEAVE REQUEST FORM

This request should be made at least 30 days in advance of the date in which you wish to start Parental Leave. Parents who both work for the Company are each eligible for a parental pay benefit and should each complete a Parental Leave request form. Further information on Parental Leave can be found on Confluence.

- Inform your Manager and Human Resources regarding the dates you plan to take Parental Leave for coverage planning purposes.
- Employee completes and signs this **Parental Leave Form** and submits to their manager for signature.
- Employee submits signed **Paid Parental Leave Form** to Human Resources for signature.
- Human Resources will submit **Paid Parental Leave Form** to Absence.io.
- Employee, if birth mother, completes **Short Term Disability** forms for SunLife
- Notify Human Resources of the birth, adoption, or foster care placement event/date.
- Provide a copy of either the hospital birth record or birth certificate. For adoptions or foster placement, provide proof of adoption/placement (documentation from a Court, Agency, and/or Attorney) to Human Resources.**
- Employees are responsible for adding their child(ren) to their health insurance and/or as a dependent under any Company benefit plans within **30 days** from the date of their birth, adoption placement or they will not have insurance coverage.

Employee Information

| | |
|-------------------------|-----------------------------|
| Printed Employee Name: | Printed Manager Name: |
| Personal Email Address: | Organization/Work Location: |
| Personal Phone Number: | |

Parental Leave Type Requested

While leave is expressed in weeks, it will be administered in average hours based on the employee's normal work week. This leave must be taken within 6 months of the date of the event.

- Birth Mother *(Additional forms will also need to be completed.)*
- Non-Birth Parent
 - Birth
 - Adoption
 - Foster Care Placement

Child's Expected Date of Birth, Adoption or Placement: _____

- I am requesting my leave to be taken in a consecutive increment (anticipated dates).

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

- I am requesting my leave to be taken in **two** separate increments (anticipated dates).

Work Increment #1:

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

Work Increment #2:

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

- I am requesting ____ weeks of unpaid leave to be taken in one increment (as eligible per FMLA or policy).

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

- I am requesting ____ days of vacation.

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

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Integration with the Family Medical Leave Act (FMLA)

- This program supplements your FMLA (and/or other comparable state and local laws) benefits, if available, but does not supersede FMLA (and/or other comparable state and local laws) notice requirements.
- If you are eligible for leave under FMLA (and/or other comparable state and local laws) due to birth or placement of a child due to adoption or foster care, your qualified FMLA leave period (and/or other comparable state and local leave period) will run concurrently with your Paid Parental Leave.
- Follow your regular reporting process for FMLA and contact local Human Resources for questions about requesting FMLA.

Employee Certification

- I have read the Parental Leave Policy and information provided on this form.
- I certify that I understand my rights and responsibilities as an Employee in order to use this Parental Leave Benefit.
- The information provided on this form is accurate and complete.
- I certify I have reviewed my proposed schedule with my manager and Human Resources. My manager and Human Resources have approved my requested work increments (anticipated dates).
- A medical release may be required for a birth mother to return to work even if the leave does not qualify for FMLA. You will be notified if a medical release to return to work will be required.
- I understand I need to provide proof of birth, adoption or foster care placement or Paid Parental Leave Benefit may be withheld.
- I understand that providing false or misleading information in connection with Paid Parental Leave benefits can result in disciplinary action, up to and including termination.

Employee Signature: _____ Date: ____/____/____

Manager Acknowledgement: _____ Date: ____/____/____
Manager Signature

Printed Name

HR Acknowledgement: _____ Date: ____/____/____
Human Resources

Printed Name

Send the completed form and/or verification documents to:

Emily Harris

People Operations Specialist
emily.harris@camunda.com

Questions regarding this form or the policy should be directed to Emily Harris (emily.harris@camunda.com).