



## Request for Parental/Adoption Leave

An employee shall be entitled to paid leave days for Parental/Adoption Leave. Parental/Adoption Leave shall be scheduled at time of request and be taken in daily increments. The leave shall be taken consecutively, unless mutually-agreed otherwise by employee and appropriate administrator and will be based on the operational needs of the department and shall be taken within one year from the arrival of the new child. *For Unit 1; Unit 3 and Unit 8 refer to the Collective Bargaining Agreement (CBA) Article.*

Date: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

Department: \_\_\_\_\_ \*Bargaining Unit: \_\_\_\_\_ Contact number: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Estimated date of arrival/birth: \_\_\_\_\_

\*Requesting to take \_\_\_\_\_ days for paid parental/adoption leave from \_\_\_\_\_ through \_\_\_\_\_

Return to work date: \_\_\_\_\_

If requesting intermittent leave, list dates below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

### \*Paid Leave days

Commence within 60 days of arrival date.  
For Unit 3 and Unit 1, refer to the Collective Bargaining Agreement (CBA) Article

Bargaining Unit	Number of workdays
Unit 1	20 days
**Units 2, 4, 5, 6, 7, 8, 9, C99, M80, M98	30 days
**Unit 3	30 days or reduced work schedule

*The Paternity/Adoption/Parental Leave benefit is not available to employees in the following employee categories:  
Excluded (E99), UAW employees (Unit 11). \*\*Parental leave benefit applies to foster care.*

**AFTER COMPLETION OF THIS FORM**  
Please email to [leavesprogram@csustan.edu](mailto:leavesprogram@csustan.edu)