

# Parental and Family Leave Request Form

## Time Away to Care for Your Family

This form is required for time-off requests under the Parental & Family Leave Policy. Your request should be made *at least* 30 days in advance (or as much notice as practicable if the leave is not foreseeable) of your requested leave start date.

Complete the form, attach the required documentation including your Manager and HR signatures, and submit to HR Shared Services ([HRSS@thgrp.com](mailto:HRSS@thgrp.com)).

## Employee Information Section

Employee Legal Name (First and Last)	Employee ID	Manager (First and Last)
Home Address Street	City	State    Zip
Personal Email	Phone Contact	
Reason for Leave	Expected Start Date	Expected Return Date

**Provide the following completed documentation with this form when you submit it to HR Shared Services**

Reason for Leave	Required Documentation – must be completed in its entirety and signed by medical provider (if required)
Birth Parent	<ul style="list-style-type: none"> <li>• FMLA Notice of Eligibility + Certification form (if applicable) OR</li> <li>• Parental &amp; Family Leave Certification Form (non-FMLA eligible)</li> </ul>
Bonding: Non-Birth Parent	Documentation from hospital, midwife, or doula indicating birth OR Bonding Leave Self-Attestation Form
Bonding: Adoption of a child	<ul style="list-style-type: none"> <li>• Court order or Filed Petition;</li> <li>• Official documentation from adoption agency;</li> <li>• Consent to Adoption document; OR</li> <li>• Other legal documentation demonstrating adoption</li> </ul>
Bonding: Foster placement of a child	<ul style="list-style-type: none"> <li>• Proof of foster parent license AND</li> <li>• Placement documentation from Dept of Child Services</li> </ul>
Family member with a serious illness	<ul style="list-style-type: none"> <li>• FMLA Notice of Eligibility + Certification form (if applicable) OR</li> <li>• Parental &amp; Family Leave Certification Form (non-FMLA eligible)</li> </ul>

Continue to next page to sign and date



# Parental and Family Leave

## Request form (continued)

---

### Self-Attestation

I hereby give notice of my intent to take leave under the Parental & Family Leave Policy. I understand that use of the benefits in this policy other than for its intended purpose, if substantiated, will result in the revocation of benefits and disciplinary action up to and including termination. I attest that the information in this document and attached supporting documentation is true and submitted is true and correct.

**Employee Signature**

**Date**

---

---

### Approval Section

**Manager Signature**

**Date**

**HR Signature**

**Date**

