



PARENTAL LEAVE OF ABSENCE

Request

Associate Name: _____

Date of Request: _____

Manager / Supervisor: _____

Department: _____

Expected Date of Birth or Adoption: _____

Date Parental Leave is Expected to Begin: _____

Expected Return to Work Date: _____

Additional Notes: _____

I certify that I meet the following eligibility requirements to receive paid parental leave benefits under Pace Industries' Parental Leave Policy.

- I am the biological parent, same sex spouse, or adoptive parent.
- I agree to comply with the provisions of the Parental Leave of Absence Policy, as well as any other leave of absence policies that are applicable to me, and provide any supporting documentation required by Pace Industries in connection with these policies.

I acknowledge that the information I have provided is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Employee Signature: _____

Date: _____

Human Resources:

- Documentation Received*
- Manager or Supervisor Notified*
- Leave Entered in Workday*

HR Signature: _____

Date: _____