

**STATE OF KANSAS**  
**PAID PARENTAL LEAVE PROGRAM**  
Paid Parental Leave Request Form

When completing forms please write legibly and be clear and thorough with explanations.

Employee Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Employing Agency: \_\_\_\_\_

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Request is for (please circle one):    Birth                  Adoption

Caregiver Role (please circle one):    Primary                  Secondary

Are you the only State of Kansas employee requesting Paid Parental Leave for this Birth or Adoption?

(please circle one):    Yes                  No

If you circled "No" above, please provide the name of the other State of Kansas employee requesting Paid Parental Leave as well as the agency at which they are employed on the lines below:

Employee Name: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

Date of Birth or Adoption: \_\_\_\_\_

Date Paid Parental Leave is Expected to Begin: \_\_\_\_\_

Date Paid Parental Leave is Expected to End: \_\_\_\_\_

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NOTE – You will need to communicate with your supervisor and agency's HR staff to explain how you would like your Paid Parental Leave recorded on your timesheet while you are away from work. This leave does not have to be used all at once or consecutively but must be used no later than 12 weeks following the date of the birth or adoption, or any unused portion is lost.

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I certify that I understand, agree to and meet the requirement and conditions for receiving Paid Parental Leave and authorize the appointing authority to obtain any necessary information regarding my request. I declare that the foregoing is true and correct and understand that providing false information in order to receive Paid Parental Leave could result in disciplinary action, up to and including, dismissal.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_