



## Parenting/Bonding Request Form

Please select one of the following options:

- If you are requesting additional time off for bonding purposes; please complete the information below and submit this form with your Leave of Absence request form and the Employee-Health Care Provider form completed by your health care provider.

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

Work Location: \_\_\_\_\_

Return to Work Date: \_\_\_\_\_

- To request bonding time within the first 12 months of the birth, adoption or foster care placement of a child, please complete the information below and submit this form with the Leave of Absence Request form only.

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

Work Location: \_\_\_\_\_

Begin Date for Leave: \_\_\_\_\_

Requested Return to work Date: \_\_\_\_\_

RETURN TO BENEFITS, ROOM 108