



PARENTAL BONDING FORM

For Birth, Adoption/Foster Placement FMLA Parental Bonding Leave

Under the Family and Medical Leave Act (“FMLA”), eligible employees are entitled to twelve (12) weeks of unpaid, protected leave for parental bonding each twelve (12) month period, for the birth, adoption or foster placement of a child. This form serves as documentation that the employee will be applying for leave under FMLA for Parental Bonding.

As the City is considered an eligible employer, to be considered an eligible employee, the employee must have been employed with the City for at least twelve (12) months in the past seven (7) years and must have actively worked at least 1,250 hours in the past twelve (12) months. The entitled twelve (12) weeks of unpaid, protected leave for Parental Bonding is shared with any other leave taken under FMLA for current certifications or leave taken under the FMLA in the previous twelve (12) month period. Additionally, for the purpose of leave under FMLA for parental bonding, a husband and wife both working for the City are considered one person. Therefore, the total of twelve (12) weeks of leave under FMLA for Parental Bonding is shared between them.

An eligible employee must take parental bonding leave within twelve (12) months following the birth of his or her newborn child, or within twelve (12) months of when a child is placed in his or her adoptive care, foster care, or legal custody and leave must be consecutive weeks. In the event that an eligible employee has given birth to a newborn child, the additional weeks of parental bonding leave will commence no earlier than after the conclusion of any paid sick leave or short-term disability benefit provided to the employee for the employee’s own medical recovery following childbirth.

EMPLOYEE INFORMATION

Employee Name: _____ Dept. _____

Position Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Contact #: _____ Email: _____

LEAVE REQUEST INFORMATION

Parental Bonding Leave Request for: (check one)

- Birth of Child
- Adoption of Child
- Foster Care Placement of Child

Date Leave Starts _____ Date Leave Ends _____ Check if dates are Estimates

REQUIRED DOCUMENTATION

The employee must attach documentation to this form to confirm the basis for parental bonding leave. Such documentation may include, but is not limited to:

- Birth of a Child: Birth Certificate, Hospital Discharge Papers (pending availability of child’s birth certificate) or Completed FMLA Form WH-380E or WH-380F
- Adoption/Foster Placement: Certificate of adoption or foster care placement, Custody papers, or Agency order for placement

ADDITIONAL INFORMATION

The Family Medical Leave Act (FMLA) policy can be found on the City’s website:

<https://trentonoh.gov/DocumentCenter/View/291/City-of-Trenton---Family-Medical-Love-Act-and-Return-to-Work-Form-PDF>



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CERTIFICATION

I certify that the above information which I have supplied is true, complete, and correct and that any false or misleading information may result in denial of leave and any further action deemed necessary by the City, up to and including termination. I also certify that I have read the City of Trenton's FMLA policy and that I understand and agree to its contents.

I also understand that approval of this form is for documentation of request for parental bonding under FMLA.

Signature

Date

FOR CITY MANAGER'S OFFICE USE BELOW

Date Application Received _____ Date Required Documentation Received _____

I hereby acknowledge the employee has met the requirements for eligibility for certified leave under FMLA for parental bonding leave.

Print Name

Signature

Employee has not met the requirements for certification under the FMLA for parental bonding leave. A notification letter has been mailed to the employee outlining reasoning for declined status and/or addition information needed.

Date Letter Mailed _____

Print Name

Signature