



MISSOURI DEPARTMENT OF NATURAL RESOURCES
HUMAN RESOURCES PROGRAM

PARENTAL LEAVE APPLICATION

| |
|------------------------|
| FOR HR USE ONLY |
| DATE RECEIVED |
| APPROVED/DENIED |

APPLICANT INFORMATION

| | |
|---|---|
| NAME | SOCIAL SECURITY NUMBER - - |
| DIVISION | PROGRAM |
| START DATE FOR REQUESTED LEAVE | EXPECTED DATE OF RETURN TO WORK |
| ARE YOU THE PRIMARY OR SECONDARY CAREGIVER OF CHILD? <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY | REASON FOR REQUEST? <input type="checkbox"/> ADOPTION <input type="checkbox"/> BIRTH |

DOES THE OTHER PARENT WORK FOR THE STATE OF MISSOURI? YES NO

IF YES, WHAT AGENCY _____

IF YES, NAME OF OTHER PARENT _____

IS THE OTHER PARENT REQUESTING PARENTAL LEAVE? YES NO

WHAT LEAVE IS THE OTHER PARENT REQUESTING? PRIMARY SECONDARY

MEDICAL AND/OR LEGAL DOCUMENTATION MUST BE PROVIDED TO SUPPORT PARENTAL LEAVE REQUESTS PRIOR TO APPROVAL. FAMILY AND MEDICAL LEAVE ACT (FMLA) APPLICATION AND MEDICAL CERTIFICATION MUST BE ATTACHED TO THIS REQUEST.

ADDITIONAL INFORMATION:

| | |
|--------------------|------|
| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|

FOR HR USE ONLY

THIS PARENTAL LEAVE APPLICATION HAS BEEN:

APPROVED DENIED FOR: _____ HOURS DAYS WEEKS

| | | |
|--|-----------------|--------------|
| FMLA ELIGIBLE: <input type="checkbox"/> YES <input type="checkbox"/> NO | BEGINNING DATE: | ENDING DATE: |
|--|-----------------|--------------|

ADDITIONAL COMMENTS:

| | |
|--|------|
| HUMAN RESOURCES APPOINTING AUTHORITY OR DESIGNEE | DATE |
|--|------|