

Parental Leave Request Form

Section I: Employee Information

Employee Name: _____ Employee HRID#: _____

Application Date: _____ Phone Number: _____

Date of Hire: _____ Employment Status: ☐ FT ☐ PT, # weekly hours _____

Section II: Spouse/Significant Other Information

Is Spouse Employed with LGS Innovations? ____ Yes ____ No

If yes, Spouse Name: _____

Section III: Leave Details

Expected Date of Birth of Child/Adoption: ____/____/____

Expected Start Date of Leave: ____/____/____ Expected Start End of Leave: ____/____/____

Are you taking Intermittent Leave? ____ Yes ____ No (if yes, please provide schedule)

Section V: Employee Declaration

I hereby declare that I am applying for Parental Leave for the birth/adoption of my child.

I hereby declare that the information mentioned in this form is correct.

I have read and fully understand the conditions applying during my Leave of Absence as specified in the Parental Leave Policy.

To the extent that this leave qualifies under the Family and Medical Leave Act of 1993 (FMLA) or under the family leave laws of a particular state or locality, I understand that such entitlement shall run concurrently with the period I am on this leave.

Employee Signature: _____ Date: ____/____/____

Section V: Manager's Signature

Manager's Signature: _____ Date: ____/____/____

Leave Notification Data- For HR Use Only

Actual Leave Start: ____/____/____ Actual Leave End: ____/____/____ Request Received: ____/____/____
EE Notified: ____/____/____ Payroll Notified: ____/____/____ End Date of STD: ____/____/____
FMLA Eligible ____ Yes ____ No FMLA Start Date: ____/____/____ FMLA End Date: ____/____/____

Return this completed form to the Benefits & Leave Administrator
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OTisdale@lgsinnovations.com
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(P) 703.394.1419 (F) 703.394.1501