



myParenthood Program
Leave Time Request

Name: _____

SSO: _____ Sedgwick Claim #: _____

Under the Parental Benefits program, you have the option to apply vacation days and or unpaid time after paid parental leave benefits are exhausted. You may take a total leave time of 26 weeks.

Please indicate the amount of paid/unpaid leave time you expect to take:

Leave Type	Number of Days / Weeks	Dates
Paid Parental Leave <ul style="list-style-type: none">Primary Caregiver: 16 WeeksNon-Primary Caregiver: 2 Weeks (may be taken intermittently)		
Current Year Vacation*		
Paid Family Leave (Only applicable to Employees in CA and NJ)		
Unpaid Parental Leave (Up to 26 weeks inclusive of the above time)		
Total Time		

*Only vacation earned in the year in the calendar year in which your leave started may be applied.

Estimated Return to Work Date: _____

Signature: _____

Date: _____

Please return the completed form to Sedgwick and return to:

EMAIL: ComcastDocuments@Sedgwicksir.com

FAX: (855) 464-2015

Company holidays do not extend the leave timeline. Paid parental leave or vacation will be applied for pay to be issued. Use of other PTO outside of current year vacation may not be applied. To confirm vacation entitlement please reach out to your HRM.