



Paid Parental Leave Request Form

Please ensure form is filled out in its entirety and return to benefits@lakecountyil.gov at least 30 days prior to leave scheduled start date.

Please allow approximately 2-4 weeks for approval and processing

Employee Information	
Name (Last, First, MI)	Job Title
Home Address (Street, City, Zip)	
Work Ph:	Secondary Ph:
Email:	
Paid Parental Leave Request Information	
Requested Start Date:	Return Date:
Leave is Requested for the following reasons:	
<input type="checkbox"/> Intl I am on an approved FMLA leave	
<input type="checkbox"/> Intl I have attached the FMLA verification form from FMLA Source	
<input type="checkbox"/> Intl I understand that all future communication regarding this leave will occur via email	

By my signature, I certify that this information is true and complete to the best of my knowledge. I have read and fully understand the **Lake County Employee Policies and Procedures Section 4.13 Paid Parental Leave**.

Employee Signature: _____ Date: _____