

Request for Paid Parental Leave

Please send completed forms or copy and paste to an email and send to CODEmployeePaidLeave@dallascityhall.com.
Please also include documentation proving the birth or adoption.

Employee ID: _____

Your name (First then Last): _____

Department: _____

Supervisor (First then Last): _____

Is this a birth, adoption, or foster child? _____

When is the expected due date or adoption date? _____

Have you already applied for FMLA? Yes _____ No _____

Have you been approved for FMLA? Yes _____ No _____

How many hours do you work in a 6-week period (an 40 hour week is 240 hours)? _____

First day of paid parental leave: _____

Last day of paid parental leave: _____

Please note your Paid Parental Leave dates must match your FMLA dates, as you must be approved for FMLA during the same time frame you are taking Paid Parental Leave. If your FMLA dates do not match your requested Paid Parental Leave dates please contact FMLA Source to update your FMLA approval dates.