



Judicial Branch Paid Parental Leave Request Form

Effective Date: January 1, 2026

Authority: 19 Del. C. §§ 3701-3704; 29 Del. C.

Related Policy: JB-HR-26-001

§§ 5120, 5253

Supersedes: April 1, 2021 Parental Leave
Request Form

Section 1: Employee Information

Employee Name: _____

Employee ID Number: _____

Employee Title: _____

Employee Supervisor: _____

Employee Court/Non-Judicial Agency: _____

Employee Work Email: _____

Employee Home Email: _____

Employee Work Phone: _____

Employee Cell Phone: _____

Section 2: Parental Leave Information

Consistent with the Judicial Branch Paid Parental Leave Policy, I certify that I meet the following eligibility requirements:

- I am or will be the biological, adoptive, or foster parent of a child.
- I am or will have been employed by the State of Delaware in a full-time or permanent part-time position for at least 12 continuous months as of the date of the birth, adoption, lawful adoption placement, or initial foster care placement of the child.
- I have worked or will have worked at least 1,250 hours during the 12-month period immediately preceding the commencement of leave.

Requested Parental Leave Dates: _____ to _____
First Date of Leave _____ Last Date of Leave _____

Due to

Birth Expected Date of Birth: _____

Adoption Expected Date of Adoption or
Lawful Adoption Placement: _____

Foster Care Expected Date of Initial
Foster Care Placement: _____

I plan to take Parental Leave in up to 12 consecutive calendar weeks upon the birth/adoption/placement of my child.

I plan to take up to 12 calendar weeks of leave in two (2) week consecutive time periods within 12 months of the birth/adoption/placement of my child. I understand this leave must be taken in one (1) or more two-week time periods and the schedule is to be reviewed with my supervisor and human resources representative.

Section 3: Employee Certification

I further affirm that the information I have provided on this form is accurate and complete. I understand that I am required to use Parental Leave for the purpose of caring for and bonding with my newborn or newly adopted or placed child. I acknowledge that I have read and understand the current Paid Parental Leave Policy available to me on the Judicial Branch website and that I will provide to my human resources representative the required documentation and information as may be requested. I will provide legal documentation of my child's birth, adoption, lawful adoption placement, or initial foster care placement within thirty (30) days of the event. I understand that the documentation must include the name of the legal parent or parents and the date of the event. I acknowledge and agree that electronic signatures can be used on this form.

Employee Signature: _____ Date: _____

If you choose to sign electronically, please use the following format: /s/Full Legal Name.

Section 4: Supervisor Review and Approval of the 2-Week Time Period Leave Schedule

I have reviewed and approved the employee's attached leave schedule, which reflects noncontinuous parental leave.

Supervisor Name: _____

Supervisor Email: _____

Supervisor Signature: _____

Date: _____

If you choose to sign electronically, please use the following format: /s/Full Legal Name.

Section 5: Human Resources Review and Approval

The employee **meets** / **does not meet** the eligibility criteria.

Comments: _____

Human Resources Reviewer's Name: _____

Human Resources Reviewer's Signature: _____

Date: _____

If you choose to sign electronically, please use the following format: /s/Full Legal Name.

By using this form, the parties acknowledge their agreement to conduct transactions by electronic means. A party's electronic signature for purposes of the Uniform Electronic Transactions Act, Chapter 12A, Title 6 of the Delaware Code may be provided by checking a box as indicated, electronic initials, or name, or email confirmation.

A copy of this completed agreement must be sent to the Human Resources Office.