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**Sample Parental Leave Approval Letter**

**for Full-time Employee**

Est. 1/1/2024

Date:

Employee Name:

This letter is in response to your request to use parental leave for:

Birth of Child

Placement of Child for Adoption

Placement of Child for Foster Care

Your request has been reviewed and you are eligible for up to 240 hours of parental leave. This leave is available for use for 12 weeks (84 days) following the qualifying event selected above. Any unused parental leave will be canceled at the end of the 12-week period.

Please be advised that parental leave covers your base pay and will not include any additional pay, such as premium pay, shift differential, or other special pay mechanisms you may be receiving.

Per your request, your parental leave eligibility will begin on \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ and will end on \_\_\_\_\_\_\_\_\_\_\_\_ \_\_. This leave will run concurrently with your available Family Medical Leave Act (FMLA) Leave, if applicable.

Your parental leave should be entered through LaGov using the following leave type: [ ]

Sincerely,

Appointing Authority or Designee

Enclosure: SCS Parental Leave Certification Form