## PARENTAL LEAVE BENEFIT-REIMBURSEMENT FORM

Employee must have four years of continuous service to be eligible. Submit within 30 days of the end of the six week parental leave period.

Please COMPLETE the following:

### A. EMPLOYEE INFORMATION

- **NAME OF EMPLOYEE ON PARENTAL LEAVE:**
- **HIRE DATE:**
- **WORKDAY I.D.:**
- **CHILD’S DATE OF BIRTH:**
- **CHILD’S DATE OF PLACEMENT:**

### B. DEPARTMENT INFORMATION

- **DEPARTMENT NAME:**
- **DEPARTMENT CONTACT:**
- **EXTENSION:**

### C. REPLACEMENT INFORMATION

<table>
<thead>
<tr>
<th>NAME(S) OF REPLACEMENT PERSON(S)</th>
<th>TAX I.D.</th>
<th>WORKDAYS OR DATES</th>
<th>TOTAL HOURS</th>
<th>RATE</th>
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### D. ACCOUNT INFORMATION—INDICATE THE DEPARTMENTAL ACCOUNT(S) TO BE REIMBURSED

- **A.**
- **B.**
- **C.**

IF USING AN AGENCY, PLEASE INDICATE THAT YOU ARE ATTACHING AGENCY TIME SHEETS

FORWARD completed reimbursement form with any attachments to the Benefits Office, Box 1879

An interdepartmental invoice will be processed by the Benefits Office

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Signature of employee completing this form

Benefits Office: Verification of additional pay in Workday.