

### Part I: Instructions and Submission Requirements

Complete this form in addition to your Leave of Absence Request form. Both forms must be provided to your Payroll Coordinator, signed by your department and submitted to the Human Resources Department, Compensation Division located at 1700 Convention Center Drive Miami Beach, FL 33139, 30 days in advance of the first day of leave.

If both parents work for the City of Miami Beach each will have to complete this form for use of the paid parental leave program.

### Part II: General Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date Employed: \_\_\_\_\_ City ID #: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

Phone: \_\_\_\_\_ Expected Date of Birth: \_\_\_\_\_

### Part III: Employee Acknowledgement and Statement of Agreement

I certify that I meet the following requirements under the Paid Parental Leave Policy:

1. I am the natural parent, same sex spousal equivalent, foster parent, or new adoptive parent [individuals adopting a spouse's or partner's natural child(ren) are not eligible].
2. I will be the primary caregiver during the paid leave.\*

I acknowledge that the information I have provided above is accurate, and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Employee Signature	
	Date

### Part IV: Definitions

\*A primary caregiver is defined as someone who has primary responsibility for the care of a child immediately following the birth or the coming of the child into the custody, care and control of the parent for the first time. This definition applies to births, adoptions and foster care placements. Only one paid leave per child will be granted to the primary caregivers of the child.