



PREGNANCY DISABILITY/PARENTAL LEAVE REQUEST FORM NON-SAM EMPLOYEES

Instructions

- This form must be completed and submitted at least 30 days prior to the expected leave start date to your direct Manager/Supervisor.
- Employees are eligible to utilize one (1) Pregnancy Disability/Parental Leave per rolling 12-month period.
- Eligible employees can take up to four (4) weeks of paid Pregnancy Disability Leave and/or two (2) weeks of Parental Leave. Pregnancy Disability and Parental Leaves will run concurrent with FMLA, if appropriate.
- Leave may be provisionally approved until the required verification documentation is received.
- Final approval of leave will be contingent on providing the required verification documentation to the Absence Manager.
- **This form must be signed by your direct Manager/Supervisor and forwarded to the Absence Mgmt. Program Manager by fax – 215-580-3594 or 7083.**

Birth of Child(ren):

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Adoption:

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Expected Start Date (Parental Leave): _____ Expected End Date: _____

Actual Start Date (Parental Leave): _____ Actual End Date: _____

Expected Start Date (Pregnancy Disability Leave): _____ Expected End Date: _____

Actual Start Date (Pregnancy Disability Leave): _____ Actual End Date: _____

Signature of Employee: _____ Date: _____

Employee Name: _____ SEPTA Account #: _____

Contact Phone Number: _____ Email Address: _____

Manager Name: _____ Email Address: _____

Manager Signature: _____ Date: _____

Time Administrator Name and Phone Extension: _____

Absence Manager has final approval for all Pregnancy Disability/Parental Leaves of Absence

Provisionally Approved:

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Denied:

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Paid Pregnancy Disability:

Paid Parental Leave:

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Signature: _____ Date: _____

Final Approval:

Paid Pregnancy Disability Leave:

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Paid Parental Leave:

Signature: _____ Date: _____

October 21, 2021