## REQUEST FOR PARENTAL LEAVE FORM

TO:			(Manager/Super	visor/Human Resources)		_
FRO	M:		(Name of partn	ner requesting leave)		_
ADD	RESS: _	Street	Apt.#	City	State Zip	_
TELI	EPHONE	E:_ <u>(</u> )				
1.		questing Parth of a child		the following reason  (Date of child's birt		or B
	(B) Ad	option of ch	nild adopted on	(Date of ad		
2.	Date Pa	arental Leav	e is requested to	begin:		
3.	Anticipated return to work date:					
4.		provide any e this reques		on and/or documenta	ation that might h	elp Cintas
caring of this	g for and l	bonding wit for Parental	h my child, who	requesting Parental was born within <b>fiv</b> d whom I adopted <b>w</b>	ve (5) months of	the date
Partn	ier Signa	ture:				
					(Date)	-