Parental Leave Request Information Sheet

Congratulations on the addition of your new family member!
Below is helpful information on applying for parental leave.

Process Steps:

1. File for Family and Medical Leave (FMLA) 30 days before the date of leave is to begin. FMLA is a federal law that provides job protected time off for illness, injury, or bonding with a new family member for up to 12 weeks. If you are unable to give 30 days' notice due to emergency circumstances, you are expected to contact UNUM no later than 3 days from when your leave begins. Contact UNUM, Cummins' third party administrator by phone 1-866-229-4885, online www.unum.com or download the UNUM phone app to open a claim.

2. Once you notify UNUM of a need for leave, you will receive an FMLA Information Packet in the mail and/or online. You are expected to complete the FMLA Information Packet and submit it to UNUM promptly. Please record your FMLA Leave number on the reverse side of the form.

3. Notify your supervisor of the need for Paid Parental Leave and the timing, duration, and schedule of the Paid Parental Leave. If the need for Paid Parental Leave is foreseeable, you must give your supervisor at least 30 calendar days advanced notice of the need for leave. If the need for Paid Parental Leave is not foreseeable, you must give notice of the need for leave to your supervisor as soon as practical. You will need to follow up the request by completing and submitting this form in its entirety, and route to your manager and CBS Disability Team for approval signatures.

4. Provide a copy of appropriate documentation to substantiate your need for leave. For a birth of a child, acceptable documentation includes a birth certificate, or hospital birth record with insignia. For adoption, acceptable documentation includes a letter from the adoption agency or from the attorney in cases of private adoptions. For foster care, a letter from the placement agency is needed indicating the timeframe for placement, if available. In the event you are the father and have not yet substantiated your relationship to the birth mother through a marriage certificate or domestic partner affidavit, please submit that as well. You do not need to enroll the spouse/domestic partner in benefits.

5. Time must be taken in a continuous block and must be completed within 12 months of the date of birth/adoption. If you are completing this in advance of the life event, you will need to notify UNUM and CBS of the first day of actual leave. UNUM's phone number is 1-866-229-4885, and CBS can be reached at 1-877-377-4357.

Request for Parental Leave

Name: _____ **WWID:**_____

Phone number:_____   **Preferred email address:**_____

Are you regularly scheduled to work 20 hours or more per week?   ☐ Yes   ☐ No

Leave Duration: (Choose one)

☐ **Primary Caregiver (up to 12 weeks of leave)**   ☐ **Secondary Caregiver (up to 6 weeks of leave)**

Type of leave: ☐ Birth ☐ Adoption ☐ Foster

Specific to this leave request, will you shortly or have you met in the last 12 months one of the following eligibility criteria?

• **Given birth to a child;**
  ☐ Yes   ☐ No
• **Are the spouse or domestic partner of a woman who has given birth/will give birth to the child;**
  ☐ Yes   ☐ No
• **Have or will adopt/foster a child who is 17 years old or younger who is not related to either parent?**

  ☐ Yes   ☐ No

I certify: (initial)

_____ **I will have primary responsibility for this child's care for the duration of the leave period (Primary Caregiver)**
  --Or--
_____ **I will be supporting the care of this child (Secondary Caregiver)**

_____ **I will be living in the home daily with this child and the child will not be attending school or daycare**

_____ **I have read the parental leave policy and certify I meet all eligibility requirements**

Life event date: _____
(Birth /adoption/ placement date)
Expected Leave begin date: _____
(Leave date must be after life event date)
Expected Return to work date: _____

You must notify your manager, UNUM and CBS when your actual leave begins and ends to ensure accurate pay.

FMLA Leave Case Number:

_____

If you are planning to enroll your child under your benefits:
You have 60 days from the date of birth/adoption/ foster placement to add the child to your OneSource record **AND** select coverage for them in the benefits review/enrollment section.

Employee Signature: _____   **Today's Date:** _____

Acknowledgments: [Print Name]
By signing this, I acknowledge that the employee has discussed the request for parental leave with me and they meet the eligibility requirements.

Supervisor:_____ **WWID:**_____**Date**:_____

Email completed and signed form to cbs.disabilityteam@cummins.com
Include "Parental Leave" and your WWID in the subject Line