



KEENEYVILLE SCHOOL DISTRICT #20

PATERNITY LEAVE APPLICATION FORM

YOUR DATE FOR PAY AND LEAVE

The baby is due on _____

If the baby has been born, enter the actual date of birth _____

I would like my paternity leave to start on _____
(please indicate an expected start date, although the actual date will be dependent on the date of birth)

I plan to return to work on _____

YOUR DECLARATION

Last Name _____

First Name _____

Home Address: _____

**You must be able to check all three boxes to get paternity pay and paternity leave.
(Illinois law limits paternity leave to 30 days)**

I declare that

I am
~~not~~ the baby's biological father, or
~~not~~ married to the mother, or
~~not~~ living with the mother in an enduring family relationship,
~~but~~ but am not an immediate relative

I have responsibility for the child's upbringing

I will take time off work to support the mother or care for the child

Signature _____

Date _____

HUMAN RESOURCES USE

Actual Date of Birth _____ Actual date paternity leave commenced _____

Actual Date employee returned to work _____