Nelson County Schools – Parental Leave Acknowledgment Form

Employee Name: _____

Position: _____

School/Department: _____

Anticipated Leave Start Date (Birth/Adoption Date): _____

Acknowledgment of Parental Leave Policy

1. 30 Weekdays of Parental Leave

- I am eligible for up to 30 paid calendar weekdays (Monday–Friday) of district-provided parental leave immediately following the birth of my child or placement due to adoption
- This 30-day period:
  - Excludes weekends (Saturdays and Sundays do not count toward the 30 days).
  - Includes non-working weekdays, such as during summer, fall, or holiday breaks, even if I am not normally contracted to work on those days. These non-workdays still count toward the 30 weekdays but are not compensated.
  - If a recognized school holiday occurs on a weekday during this period, I will not receive additional holiday pay.

2. Start of Leave

- The 30-day leave begins the first weekday (Monday–Friday) following the birth or adoption, regardless of the school calendar or contract schedule.

3. FMLA Concurrent Use

- If I meet the eligibility requirements for FMLA, this leave will run concurrently with FMLA.

4. Extension of Leave

- Any leave beyond the 30 weekdays must be supported by a medical provider's statement and may use accumulated sick leave as permitted by district policy.

5. Unpaid Leave

- I may request additional unpaid leave under KRS 161.770 after the 30 weekdays have been used, subject to district approval.

6. Insurance Premiums

Should you not be receiving a paycheck from Nelson County Schools, you'll be responsible for your insurance premiums. Payments can be made to Nelson County Schools via check or exact cash. Alternatively, you can pay online directly to the Department of Employee Insurance at https://secure.kentucky.gov/formservices/peresonnel/benefitarrearspayment.

7. Insurance Eligibility

To be eligible for health insurance an employee must work at least one day during the Semi-Monthly Billing Period (the first through the 15th or the 16th through the end of the month). A sick or personal day is considered a work day. If an employee is on an approved leave under FMLA, their health insurance remains in effect.

Documentation and Planning

- I agree to submit all required documentation (e.g., physician's note, birth certificate, adoption papers).
- I will coordinate with Human Resources and my supervisor for proper planning and transition during my leave.

Employee Signature: _____ Date: _____

HR Representative Signature: _____ Date: _____