

Paid Parental Leave Request Form

Clergy Name:	Phone Number:
Email Address:	

Name of Ministry Location:
Mailing Address of Ministry Location:

(This is where the check will be addressed and mailed)

Reason for Paid Parental Leave (check one):

- Birth of a Child
- Placement for Adoption
- Foster Care Placement

Method of Paid Parental Leave: (check one)

Continuous

Intermittent

What is your anticipated date that parental leave will begin and end? If you are taking intermittent leave, you may list multiple start and stop dates.

Clergyperson Certifications:

I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child. I have attached an itemized budget for expenses related to pastoral/ pulpit coverage. (Items may vary on ministry location but may include pulpit supply and pastoral care coverage for the entirety of your parental leave.)

I hereby certify that I will ensure the appropriate dissemination of any funds approved to cover my parental leave coverage expenses. I will provide my church/ ministry placement's Financial Secretary, Treasurer, and SPRC with names and addresses of the intended recipient(s) of the funds and the amount each will receive.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

Clergy Signature:	Date:
SPRC Representative Signature:	

