

PARENTAL PAY REQUEST FORM

This form and FMLA/Family Leave paperwork (Form WH-380) must be submitted to Absence Management (HelpBenefitsFMLA_Leaves@MarathonPetroleum.com) at least 30 days in advance of your anticipated leave date. Please contact Absence Management with questions on this Form.

1. Employee completes and signs this Parental Pay Request form. Employee submits to Supervisor.
2. Supervisor must sign Parental Pay Request form and submit to Local HR for signature.
3. Local HR must sign Parental Pay Request form and submit to Absence Management.

EMPLOYEE NAME _____ EMPLOYEE NUMBER _____
(First) (M.I.) (Last)

ORGANIZATION _____ HR CONSULTANT _____

PARENTAL PAY REQUEST Birth Adoption Foster Care Placement

I am requesting my pay to be taken in a consecutive 2-week period (anticipated dates).

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

I am requesting my pay to be taken in separate periods (anticipated dates).
 (Leave time cannot exceed the number of scheduled hours in a payroll period.)

Work Period #1:

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

Work Period #2:

Start Date: ____/____/____ **End Date:** ____/____/____ **Return Date:** ____/____/____

EMPLOYEE ACKNOWLEDGEMENT:

I hereby am requesting Parental Pay for the period(s) specified on this form. I have read and understand the provisions that apply to receive Parental Pay (refer to the Parental Pay Policy and Family Leave Policy). I understand I must inform Absence Management of the actual event date before I am eligible to receive Parental Pay.

EMPLOYEE SIGNATURE: _____ Date: ____/____/____

SUPERVISOR ACKNOWLEDGEMENT:

Supervisor (Date)

Printed Name

HR ACKNOWLEDGEMENT:

Local HR Consultant/Manager (Date)

Printed Name