

# Paid Parental Leave

## LEAVE REQUEST FORM



This request should be made at least 30 days in advance of the date in which you wish to start Paid Parental Leave. Parents who both work for the Company are each eligible for a parental pay benefit and should each complete a Parental Pay request form. Further information on Parental Pay can be found on [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

### Employee Responsibilities:

- Inform your Supervisor and Human Resources regarding the dates you plan to take Parental Leave for coverage planning purposes.
- Employee completes and signs this **Paid Parental Leave Form** and submits to their supervisor.
- Supervisor must sign **Paid Parental Leave Form** and submit to Human Resources for signature.
- Human Resources will submit **Paid Parental Leave Form** to Absence Management.
- Employee has Health Care Provider for birth parent complete and sign **Pregnancy Confirmation Form** and returns form to Absence Management. For planned cesarean births, please have physician note this on the Pregnancy Confirmation Form.
- Upon birth of child, provide a copy of either the hospital birth record, announcement, or crib card to Absence Management in order to be paid for Parental Leave time.**
- For adoptions or foster placement, provide proof of adoption/placement (documentation from a court, agency, and/or attorney) to Absence Management to be paid for Parental Leave time.
- For surrogates or surrogacy arrangements, provide proof of arrangement/agreement (Legal document showing surrogacy agreement/ placement of child) to Absence Management to be paid for Parental Leave time.
- Employees are responsible for adding their child(ren) to their health insurance and/or as a dependent under any Company benefit plans within **31 days** from the date of their birth, adoption placement or they will not have insurance coverage.

### Employee Information

Printed Employee Name:	Employee Number:
Personal Email Address:	Human Resources:
Printed Supervisor Name:	Organization/Work Location:

### Parental Leave Type Requested

While leave is expressed in weeks, it will be administered in average hours based on the employee's normal work week. This leave must be taken within 12 weeks of the date of the event.

- Birth Parent** – Natural Birth – 6 weeks of birth leave/4 weeks of bonding leave = 10 weeks
- Birth Parent** – Cesarean Birth – 8 weeks of birth leave/4 weeks of bonding leave = 12 weeks
- Surrogate** – Natural Birth – 6 weeks of birth leave       **Surrogate** – Cesarean Birth – 8 weeks of birth leave
- Non-Birth Parent** – 4 weeks
  - Birth       Adoption
  - Foster Care Placement       Surrogacy Arrangement

Child's Expected Date of Birth, Adoption, Placement, or Surrogacy Arrangement: \_\_\_\_\_

- I am requesting my leave to be taken in a consecutive increment (anticipated dates).

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Return Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am requesting my leave to be taken in **two** separate increments (anticipated dates).

**Work Increment #1:**

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Return Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Work Increment #2:**

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Return Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Up to twelve weeks of unpaid Family Leave may also be available. This time cannot be taken intermittently and must be taken within 12 months of the event. Please review Family Leave Policy and/or Collective Bargaining Agreement for more information.**

- I am requesting \_\_\_\_ weeks of unpaid Family Leave to be taken in one increment.

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Return Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- I am requesting \_\_\_\_ days of vacation.

**Start Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **End Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_    **Return Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Integration with the Family Medical Leave Act (FMLA)

- This program supplements your FMLA (and/or other comparable state and local laws) benefits, if available, but does not supersede FMLA (and/or other comparable state and local laws) notice requirements.
- If you are eligible for leave under FMLA (and/or other comparable state and local laws) due to birth or placement of a child due to adoption or foster care, your qualified FMLA leave period (and/or other comparable state and local leave period) will run concurrently with your Paid Parental Leave. In no case will the total amount of leave, whether paid or unpaid, granted to the employee under the FMLA exceed 12 weeks during the rolling 12-month FMLA period.
- Follow your regular reporting process for FMLA and contact local Human Resources for questions about requesting FMLA.

### Employee Certification

- I have read the Parental Pay Policy and information provided on this form.
- I certify that I understand my rights and responsibilities as an Employee in order to use this Parental Pay Benefit.
- The information provided on this form is accurate and complete.
- I certify I have reviewed my proposed schedule with my supervisor and Human Resources. My supervisor and Human Resources have approved my requested work increments (anticipated dates).
- A medical release may be required for a birth mother to return to work even if the leave does not qualify for FMLA. You will be notified if a medical release to return to work will be required.
- I understand I need to provide proof of birth, adoption, foster care placement, proof of surrogacy, or surrogacy arrangement or Paid Parental Benefit may be withheld.
- I understand that providing false or misleading information in connection with Paid Parental Pay benefits can result in disciplinary action, up to and including termination.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Printed Name

HR Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Human Resources

\_\_\_\_\_  
Printed Name

Send the completed form and/or verification documents to:

**Marathon Petroleum - Absence Management**  
**539 South Main Street, Room D-03-126**  
**Findlay, OH 45840**  
Or by email to [HelpBenefitsFMLA\\_Leaves@MarathonPetroleum.com](mailto:HelpBenefitsFMLA_Leaves@MarathonPetroleum.com)  
Or by fax to **419-421-3057**

Questions regarding this form should be directed to Absence Management at [HelpBenefitsFMLA\\_Leaves@MarathonPetroleum.com](mailto:HelpBenefitsFMLA_Leaves@MarathonPetroleum.com).