

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.

- 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, if birth mother, has Health Care Provider complete and sign **Pregnancy Confirmation Form** and returns form to Absence Management.
- Notify Absence Management of the birth, adoption, or foster care placement event date.
- Provide a copy of either the hospital birth record, announcement, or crib card. For adoptions or foster placement, provide proof of adoption/placement (documentation from a Court, Agency, and/or Attorney) to the Absence Management department.**
- 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 Mother (*Pregnancy Confirmation Form will also need to be completed.*)
- Non-Birth Parent
 - Birth Placement
 - Adoption
 - Foster Care

Child's Expected Date of Birth, Adoption or Placement: _____

- 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:** ____/____/____

- I am requesting ____ weeks of unpaid leave to be taken in one increment (as eligible per FMLA or policy).

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

- I am requesting ____ days of vacation.

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

Paid Parental Leave

LEAVE REQUEST FORM



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 or foster care placement 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 M-09-016
Findlay, OH 45840
Or by email to HelpBenefitsFMLA_Leaves@MarathonPetroleum.com
Or by fax to **419-420-1498**

Questions regarding this form should be directed to Absence Management at HelpBenefitsFMLA_Leaves@MarathonPetroleum.com.