

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.

- Employee: Inform your Supervisor and Human Resources regarding the dates you plan to take Parental Leave for coverage planning purposes.
- Employee: Complete and sign this **Paid Parental Leave Form** and submit to your supervisor for signature.
- Supervisor: Sign **Paid Parental Leave Form** and submit to Human Resources for signature.
- Human Resources: Sign and submit **Paid Parental Leave Form** to Absence Management.
- Employee: Provide **Pregnancy Confirmation Form to Health Care Provider for completion** and return completed form to Absence Management.
- Employee: Notify Absence Management of the actual event date for the birth, adoption, or foster care placement
- Employee: Provide a copy of the hospital birth record or crib card. Document must include BOTH parent's names. For adoptions or foster placement, provide proof of adoption/placement (documentation from a Court, Agency, and/or Attorney) to the Absence Management department.**
- Employee: Enroll child(ren) to health benefits and optional child life insurance within **31 days** including the date of the birth or adoption (If you fail to do so, you will not be permitted to enroll your child(ren) until the next annual enrollment or qualifying life event). Contact the Benefits Service Center 1-888-421-2199 option 1, then option 3 or create a case in Workday.

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. Any exceptions must be written and submitted to Absence Management for approval.

- Birth Mother – 8 weeks
- Non-Birth Parent – 4 weeks
 - Birth
 - Adoption
 - Foster Care Placement

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).

Leave Increment #1:

Start Date: _____ **End Date:** _____ **Return Date:** _____

Leave 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.

- 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 Leave 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 before Paid Parental Benefit will be paid.**
- **I understand I must separately enroll my child(ren) in company benefit plans within 31 days including the date of the birth/adoption, or I will NOT be permitted to do so until the next annual enrollment or qualifying life event.**
- 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 Signature

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.