



**Parental Leave Request Form/FMLA  
Certification of Birth, or Placement of Child  
for Adoption or Foster Care**

**TO BE COMPLETED BY EMPLOYEE**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Exelon Company/Location: \_\_\_\_\_ Emp. #: \_\_\_\_\_  
 Dept. Name and Number (if known) \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Status: \_\_\_ Full-Time \_\_\_ Part-Time  
 Date of Hire: \_\_\_\_\_ If break in service, prior Date of Hire: \_\_\_\_\_

1. Please indicate below the reason for the requested Parental and/or FMLA leave:
  - \_\_\_ Birth of a child (*check only if the employee requesting leave is pregnant, and then complete form C-6 at time disability begins and/or following the birth of child*)
  - \_\_\_ Care and bonding with a newborn child
  - \_\_\_ Adoption of a child and/or care and bonding of a newly adopted child
  - \_\_\_ Placement of child with employee for foster care/care and/or bonding of newly placed foster child
2. I anticipate that my leave will start on \_\_\_\_\_ and end on \_\_\_\_\_.
- 3a. Is your spouse employed by an Exelon company? \_\_\_ Yes \_\_\_ No ; If Yes, which one: \_\_\_\_\_
- 3b. If you answered “Yes” to 3a., did your spouse take or is your spouse planning to take any leave for the birth, adoption or placement of a child with you for foster care? \_\_\_ Yes \_\_\_ No
- 3c. If you answered “Yes” to 3b., when was the leave taken or for how long has it been requested? \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_
4. Are you requesting leave because your domestic partner is giving birth to a child or adopting a child? \_\_\_ Yes \_\_\_ No.  
*(Please see Exelon’s Parental Leave Time Policy (HR-AC-500) for information on paid parental leave for domestic partners.)*

**USE OF UNPAID FMLA LEAVE AND PARENTAL LEAVE**

If you are eligible for FMLA leave, any period during which you are receiving paid parental leave will run concurrently with (at the same time as) any available unpaid FMLA leave. This means that you are using any unused FMLA leave while out on paid parental leave. For further information on parental leave, see Exelon’s Parental Leave Time Policy (HR-AC-500).

If you are not eligible for, do not apply for, or have exhausted your paid parental leave, you still may be eligible for FMLA leave. If your FMLA leave is approved, absent any applicable collective bargaining agreement that provides otherwise, you will be required to use any other paid benefits available to you, such as accrued, applicable vacation, sick and floating holidays (up to the reserves) during your FMLA leave. This means that you will receive paid leave and the leave also will be considered FMLA protected leave and will count against your FMLA leave entitlement. Any remaining FMLA leave after exhaustion of paid leave will be unpaid FMLA leave.

If you are not eligible for FMLA leave, you still may be eligible for paid parental leave. Exelon provides two (2) weeks of paid parental leave for eligible employees, subject to certain conditions. For further information on parental leave, see Exelon’s Parental Leave Time Policy (HR-AC-500).

Employee Signature

Date

**TO BE COMPLETED BY EMPLOYER**

**You will be required to provide the following information before we can determine whether your leave request qualifies for FMLA and/or parental leave, as applicable:**

- A.     \_\_\_     You will be required to submit a Certification of Health Care Provider Form (Exelon C-1 or C-6, as applicable). *(Completion of this form is necessary to determine your eligibility for FMLA due to your own serious health condition (i.e., pregnancy, childbirth, recovery from childbirth, etc.) and/or short-term disability (STD) benefits.)*
  
- B.     \_\_\_     You will be required to submit documentation from the pregnant employee’s health care provider indicating the name of the pregnant employee and the anticipated date of birth. You may, but are not required to, have the health care provider complete the Certification below to fulfill this requirement.
  
- C.     \_\_\_     You will be required to provide documentation of adoption, intent to adopt or placement of a child with you for foster care. Court and/or agency documents containing this information generally will be sufficient, but Exelon reserves the right to request clarification and/or further information as necessary to determine eligibility for FMLA and/or parental leave.
  
- D.     \_\_\_     You may be required to submit documentation of your relation to the individual giving birth, adopting a child or accepting a child for foster care.

**Please submit the requested information to Occupational Health Services (OHS) within 15 calendar days of your receipt of this Certification. If you need additional time to obtain the requested information, we expect that you will notify OHS as soon as possible. Note that failure to provide sufficient documentation to support your request for leave may result in delay or denial of FMLA and/or parental leave, as applicable.**

**If you have any questions about your leave request, please contact OHS.**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date this Certification (Exelon FMLA Form C-3) is provided to employee:** \_\_\_\_\_

---

**CERTIFICATION OF HEALTH CARE PROVIDER** (use only if “B” above is checked)

I certify that \_\_\_\_\_ is pregnant and is under my care and that her anticipated due date is \_\_\_\_\_.

Name of health care provider (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Health Care Providers’ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax #: \_\_\_\_\_