Diocese of Owensboro
Employee Request for Leave
Paternity Leave Request Form

Employee Information

Employee Name: _____

Department / Job Title: _____

Leave Request

Reason: ☐ Birth of child ☐ Adoption / placement

Expected or Actual Date of Birth / Placement: _____

First Day of Leave: _____ Return-to-Work Date: _____

Number of Days Requested: _____

Employee Acknowledgment

I am requesting paternity leave for the dates listed above. I understand that approval and pay are subject to company policy and applicable law.

Employee Signature: _____ Date: _____

Employer or Pastor Approval Date

Employer or Pastor Non-Approval Date