City of Santa Monica
Human Resources
1685 Main Street, Room 101
Santa Monica, CA 90401

Request for Santa Monica Paid Parental Leave ("SMPPL")

Employee Name _____ Employee ID _____ Date of Request _____

Department _____ Position Title _____

Employee Supervisor Name _____

NOTE: Santa Monica Paid Parental Leave (SMPPL) up to 6 weeks of fully paid parental leave for employees following the birth of an employee's child or the placement of a child with an employee in connection with adoption or foster care. SMPPL will run concurrently with Family Medical Leave Act (FMLA) and California Family Rights Act (CFRA) leave, as applicable. This policy will be in effect for leaves occurring on or after July 1, 2022. Please submit your completed form to your HR contact listed below**.**

Eligible employees must meet all the following criteria (please provide a verification document, such as a hospital issued certificate, birth certificate, and/or doctor's note and attach to your request for FMLA/CFRA leave):

- Have been employed with the City for at least 12 months (12 months does not need to be consecutive);
- Have worked at least 1250 hours during the 12 consecutive months immediately preceding the date the leave would begin; and
- Be a Full-time or a Part-time permanent employee (Temporary/As-Needed employees are not eligible); and
- Must be approved for and fall under FMLA/CFRA leave.
- Taking SMPPL under one of the following situations (please check the box that applies):
  - ☐ Have given birth to a child
  - ☐ Be a spouse or domestic partner to a woman who has given birth to a child
  - ☐ Have adopted a child or have been placed with a foster child (in either case, the child must be 17 or younger). The adoption of a new spouse's child is excluded from this policy.

I am requesting to take SMPPL on a **CONTINUOUS** basis: Yes _____ No _____

- If yes, beginning on _____, 2026, through _____, 2026

I am requesting to take SMPPL on an **INTERMITTENT** basis: Yes _____ No _____

- If yes, specify how many days per work week or how many hours per workday, or other intermittent leave schedule: _____

_____ _____
Employee Signature _____ Date _____

_____ _____
Signature of HR Staff _____ Date Request Received by HR _____

Erin Jackson	Aaron Harris	Osvaldo Avalos
CAO, CMO, DOT, HR, LIB	CDD, FIN, HHSD, ISD, PW	FIRE, PD, RC, RAD, City Clerk