

PAID PARENTAL BENEFIT NOTIFICATION FORM

Employee Name:	
Employee Title:	
Employee Phone #:	Email Address:
Work Location & Department:	
Name of Supervisor:	

Zoltek provides up to a maximum of 4 weeks of paid parental leave to eligible employees. Please complete this form and submit to your local HR Representative no less than 30 days in advance of the requested leave start date. Eligible employees must meet the following criteria:

- Have been employed with Zoltek for at least 12 months (the 12 months do not need to be consecutive).
- Have worked at least 1,250 hours during the 12 consecutive months immediately preceding the date the leave would begin.
- Be a full-time, regular employee (part-time, temporary, and intern employees are not eligible for this benefit).

I will be utilizing the Paid Parental Benefit on a continuous basis for the following dates:

Start Date _____ End Date _____

Based on the following qualifying event:

- ☐ Birth of my child
- ☐ Placement of an eligible child with me for Adoption
- ☐ Placement of an eligible child with me for Foster Care

By my signature on this form, I attest to the following:

I understand that any unused portion of the Paid Parental Benefit will expire (and will no longer be available for use) 4 weeks after the qualifying event.

I also understand that the paid parental benefit runs concurrently with leave for which I may be eligible under the federal Family and Medical Leave Act.

Required supporting documentation of the qualifying event must be attached to this form.

Signature of Employee

Date

Signature of HR Representative

Date