

Absence: Requesting Parental Leave Pay for Birth of a Child

WHAT IS PARENTAL LEAVE PAY?

Parental leave pay is a defined absence approved by the employee's supervisor in connection with the birth of an employee's child or the adoption, guardianship or fostering of a child under the age of 18.

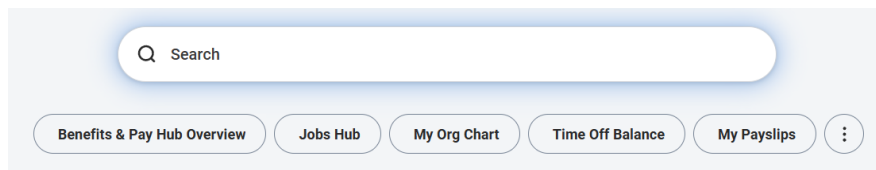
A parental leave is **not a true leave of absence**, but rather identifies your eligibility for **parental time off hours**.

More information is available in our [Parental Leave Pay policy](#).

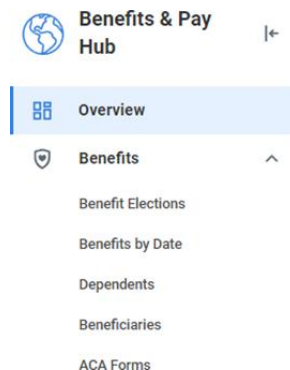
Per policy, you must be employed at Geisinger for 6 months to qualify. If you have not reached the 6 months of employment yet, the hours will not allot in the system until you have met the eligibility requirements. The end date to use the time is still **365 days from the child's date of birth**.

IDENTIFYING YOUR ELIGIBILITY

1. On your Workday home dashboard, click the Benefits and Pay Hub Overview button, located under the search bar.



2. Click Benefits, then hover down and click Dependents.



3. Select Add to enter the child's information. The effective date should be the child's date of birth.

A screenshot of a form titled "Effective Date & Reason". The form has two main sections. The first section is labeled "Effective Date *" and contains the date "03/19/2026". The second section is labeled "Reason" and is currently empty. There is a small edit icon (a pencil inside a square) to the right of the "Effective Date" field.

4. Complete all required information as noted by the red asterisks (*)

Upon completion, Click **Submit** to finalize adding the dependent.

If you have met the eligibility criteria the hours will be allotted in Workday to your time off plan.

USING THE TIME OFF

To use **the Parental Time Off Hours**, you can request the hours via the drop-down menu where you request time off in UKG (Kronos) or the appropriate timekeeping system.

Your manager will approve the time off according to your department's Time Off policy, up to 12 months from the leave eligibility date.

Adding the dependent to receive the Parental Leave Pay, initiates the Benefit event that allows an employee to elect benefits for their new child.

The instructions on the following page can guide you through that process.

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Employees will receive a Benefit event after adding their dependent, this transaction should be completed to enroll or decline benefits on your new addition.

The birth of a child allows you to update multiple benefits (Medical, Dental, Vision, Flex Spending Accounts, Optional Life, and Child Life).

The employee will complete the benefit enrollment by selecting Manage or Enroll on each available benefit tile that they want to update (add the new dependent); Once all elections are made, click on Review and Sign at the bottom of the screen.

If the employee does not want to add the new dependent to any of these benefits, they should not make any changes to the benefit elections and just click Review and Sign at the bottom of the screen

On the View Summary page, employees should carefully review to ensure that the elections and coverages listed are accurate. Once reviewed, check the I Accept box at the bottom then click

View SummaryBirth or Placement/Adoption of Child

Projected Total Cost Per Paycheck\$100.71

Projected Total Credits\$0.00

Review each of the benefit elections you have made for accuracy. If you need to make an adjustment, you can go back to a previous page to make changes before clicking **Submit**.

To make changes after you submit your elections, contact the Employee Contact Center at 570-271-5640, option 11, **within 30 days** of the event date.

Any changes necessary beyond the 30-day time frame will be dependent on another IRS qualifying life event or during annual open enrollment (effective the next benefit year).

Selected Benefits: 3 Items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage
Medical	10/21/2024	11/03/2024	EE + Child(ren)
Geisinger Essential			
Dental	05/30/2023	05/30/2023	EE Only
Delta Dental Enhanced			
Vision	05/30/2023	05/30/2023	EE Only
VSP			

Submit.

Electronic Signature

No signature below indicated I have read and understood the above information and the Benefits Guide. I understand my application for benefits is subject to approval by the plan sponsor and any coverage provided is subject to the plan provisions. The information contained on this screen is correct to the best of my knowledge and belief. I understand any misrepresentation of data will result in cancellation of coverage and may lead to significant adverse consequences for me. I understand the election information will remain in effect for the remainder of the full calendar year for which I am making these elections changes will be allowed only pursuant to the Plan and HR rules. I authorize Geisinger System Services to make any appropriate payroll deductions based on the elections I am making on this screen. I also understand that if I make contributions to the Health Care and/or Dependent Care Account, I agree to have my salary reduced by the amount of my contributions on a bi-weekly basis starting on the first pay period of my new calendar year.

If you enrolled in a Health Savings Account
I acknowledge that a Health Savings Account (HSA) is an individual bank account. I certify that I accept the terms and conditions for this account and have reviewed and accept the [Current Agreement and Disclosure Statement](#), [Plan Act Review](#) and the [Electronic Disclosure](#) documents (links were provided in the instructions on the HSA benefit enrollment screen).

If you enrolled in Universal Life Insurance + Chronic Care Benefits
I acknowledge that I have read the required attestations, notices, disclosures, statements and agreements listed in the linked attestation document and agree to apply my signature to the completed document. Click [here](#) to access this information. Please print or download a copy for your records.

I acknowledge and agree to the Consent to Electronic Delivery of policy certificate and other documents as outlined [here](#).

If you enrolled in the ID Theft Plan
By enrolling your dependent in the ID Lock with Norton Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the ID Lock with Norton Benefit Plan and you have read and agreed to the [Terms and Conditions](#) and [Privacy Policy](#) on behalf of yourself and on behalf of any member of your family you are enrolling.

Dependent Verification Notice
By selecting "I Accept" below, I acknowledge that I am responsible for submitting required dependent verification documentation to Workday within 30 days of completing the event. Failure to do so will result in the removal of the dependent from coverage at the end of the 30 days, with reinstatement possible only during Open Enrollment or a valid Qualifying Life Event (QLE).

By selecting the box below, I certify that my dependent(s) meet(s) the Definition of Eligible Dependents requirements outlined [here](#). I authorize Geisinger System Services for payroll deductions and acknowledge potential consequences for misrepresentation.

I Accept: ☐

Submit

Save for Later

Cancel

Birth or Placement/Adoption of ChildBirth or Placement/Adoption of Child

Health Care and Accounts

Medical

Geisinger Essential

Cost per paycheck\$17.74

Coverage\$0 Only

Manage

Dental

Delta Dental Enhanced

Cost per paycheck\$0.00

Coverage\$0 Only

Manage

Vision

Delta

Cost per paycheck\$0.00

Coverage\$0 Only

Manage

Critical Illness Insurance

Standard

Enroll

Hospital Indemnity Insurance

Standard

Enroll

Accident Insurance

Standard

Enroll

Confirmation screen

SubmittedBirth or Placement/Adoption of Child

You've submitted your elections.

View 2024 Benefits Statement

Employee can click on the Benefits Statement button to review, print or save elections again if desired.

These actions will clear the benefit event from the employee's Workday inbox.

