

PAID PARENTAL LEAVE (PPL) REQUEST FORM

(Please print clearly when completing this form)

PERSONAL INFORMATION						
Name (Last, First, Middle):						
Work Phone Number:		ell Phone Number:			Work Email:	
Supervisor's Name:	1					
Date of Request: Date of		Qualifying Event: Pa		Par	rental Leave Start Date:	
REASON PARENTAL LEAVE	REQUESTE	D (CHECK ONE):				
 □ I am primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Six weeks of consecutive parental leave.) Only one Eligible State Employee may be designated the parent primarily responsible for furnishing the care and nurture of their child. □ I am not primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Two weeks of consecutive parental leave.) □ I have given birth. (Six consecutive weeks of parental leave.) □ I am the co-parent of a biological child. (Two weeks of consecutive parental leave.) □ I am fostering a child in state custody. Choose option one or two. (Two weeks of parental leave.) □ Option One: I will take the two weeks of paid parental leave at one time. □ Option Two: I will take the paid parental leave in two, one-week, non-consecutive increments. ■ If Option 2 is selected please list dates, in weekly increments, when leave will be 						
	-	se note: Option 2 m	ια οι υσ αρριον	eu b	y your supervisor.	

REQUIRED DOCUMENTATION:

Employees must submit required documentation to receive PPL within thirty (30) days of the birth, adoption, or foster care placement or as soon as is practical after the documentation becomes available. Employees may be permitted to begin PPL following the qualifying event and pending receipt of this documentation. However, if the required documentation is not provided within thirty (30) days of the event, the employee will be required to substitute all other paid leave available and, if sufficient leave is not available, will be placed on Leave Without Pay for the period they were absent from work.

Qualifying Event	Required Documentation (choose one)		
Adoption	Adoption order and/or agreement confirming the initial date of placement.		
Birth	 Birth Certificate or Proof of Birth Certified DNA Results Custody Order 		
Foster Placement	 Foster Care Placement Agreement Custody Order 		

PRIOR PAID PARENTAL LEAVE USAGE:

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	not used any paid parental leave in the twelve months preceding this request or for the ng event indicated on this request form.
	used paid parental leave in the twelve months preceding this request or for the qualifying ndicated on this request form. (If yes, please provide the information below.) Date leave commenced Date leave ended (if applicable) Agency/Institution where parental leave was used

ACKNOWLEDGMENT:

I understand that paid parental leave is paid at one hundred percent of the eligible state employee's base pay. Therefore, paid parental leave does not include any additional pay, such as overtime, supplements, bonuses, longevity pay, temporary salary adjustments, shift differential pay, on-call pay, call back pay, special assignment pay, or market or geographic differential pay.

I understand that my circumstances may render me eligible for leave under the Family and Medical Leave Act (FMLA) which is separate from Paid Parental Leave and requires additional documentation to be completed and submitted to the Office of Human Resources.

I further understand, if appropriate documentation for PPL is not submitted to the Office of Human Resources within thirty (30) days of the event, I will be required to substitute all other paid leave available and, if sufficient leave is not available, will be placed on Leave Without Pay for the period I was absent from work.

certify that the information provided in this form is accurate and I understand that any falsification of	þ
nformation may lead to disciplinary action up to and including termination.	

Employee Signature:	Date:	

Important Reminders:

- PPL is only available if the qualifying event occurs on or after October 1, 2022.
- Only employees who occupy all or part of an FTE position are eligible for PPL.
- PPL for birth and adoption must be taken consecutively and in one continuous block of time.
- PPL for foster care placement may be taken in two consecutive weeks or upon request and approval in two, one-week increments.
- PPL must run concurrent with FMLA, if available.
- Employees are eligible for PPL on their first date of hire.
- Employees are not required to use other leave before using PPL but may do so if they choose.
- PPL must be taken within 12 months of the qualifying event. Any leave available to the employee after twelve months is forfeited.
- PPL is paid at one hundred percent of the eligible state employee's base pay. Therefore, PPL does
 not include any additional pay, such as overtime, supplements, bonuses, longevity pay, temporary
 salary adjustments, shift differential pay, on-call pay, call back pay, special assignment pay, or
 market or geographic differential pay, types should be discontinued for the period of PPL.
- This form does not replace the agency's obligation to provide timely written notifications to the employee required under the Family and Medical Leave Act (FMLA), the Pregnancy Discrimination Act (PDA), or the Americans with Disabilities Act (ADA). Refer to the Acts and the agency's policies and procedures for more information.

Human Resources Use Only:				
	Parental Leave Approved Parental Leave Denied Reason:			
Checkl	ist:			
	Required documentation reviewed:			
	Is employee eligible for FMLA leave?			
	☐ If employee is not FMLA eligible at the time of the event, date employee will become eligible:			
	Determine dates of leave eligibility based on event. Start Date: End Date:			
	Verify paid parental leave not taken in the previous twelve months.			
	Enter PPL2 or PPL6 in leave record and notify payroll.			