



Request for Paid Parental Leave (PPL)

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|---|--|------------------|-----|
| Employee Name: | | Date of Request: | |
| Reason for PPL: | | PPL Dates: From: | To: |
| Do you wish to use PPL intermittently? If yes, please provide details regarding how you wish to use the leave: | | | |
| | | | |
| Please provide Human Resources with the appropriate documentation within 30 days (or as soon as available) of birth, adoption, foster or other legal placement. Official documents that will be considered, but may not be limited to include: | | | |
| Qualifying Event | Acceptable Documentation | | |
| Adoption | <ul style="list-style-type: none"> • Adoption Order | | |
| Birth | <ul style="list-style-type: none"> • Birth Certificate or Report of Birth • Certified DNA Results • Custody Order | | |
| Foster Placement | <ul style="list-style-type: none"> • Foster Care Placement Agreement • Custody Order | | |
| Other Legal Placement | <ul style="list-style-type: none"> • Certificate of Parental Responsibility • Custody Order | | |
| CERTIFICATION | | | |
| I certify that I meet the following requirements under the Paid Parental Leave Guidelines: <i>I have or will become a parent by childbirth, adoption, foster, other legal placement*, or I am or will stand in loco parentis.</i> <i>*(Note: <u>Other legal placement does not include parental custody cases or legal assignments as a Guardian ad Litem (GAL).</u>)</i> | | | |
| I acknowledge the information provided above is accurate and I understand that any falsification of information may lead to disciplinary action up to and including dismissal. | | | |
| Employee Signature: | | Date: | |

HR USE ONLY:

No

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|--------------------------------|--------|---------------------|-------|--|-----|
| FML Eligible | Yes No | FML Period: | From: | | To: |
| PPL Status: | Yes No | If Denied Explain: | | | |
| Intermittent Use Approved | Yes No | PPL Effective Date: | | | |
| Delay use due to Public Safety | Yes No | | | | |
| Reason for Public Safety Delay | | | | | |