



Employee Name:	
Phone Number:	
Email Address:	
Employee ID:	
Supervisor's Name:	
Date of Request:	
Date of Qualifying Event:	
Parental Leave Start Date:	

Reason Parental Leave Requested (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 paid parental leave in two, one week, non-consecutive, increments.

Required Documentation:

Qualifying Event	Required Documentation (choose one)
Adoption	<ul style="list-style-type: none"> • Adoption order and/or agreement confirming the initial date of placement.
Birth	<ul style="list-style-type: none"> • Birth Certificate or Proof of Birth • Certified DNA Results • Custody Order

Foster Placement	<ul style="list-style-type: none">• Foster Care Placement Agreement• Custody Order
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Check one:

- I **have not** used any paid parental leave in the twelve months preceding this request or for the qualifying event indicated on this request form.

- I **have** used paid parental leave in the twelve months preceding this request or for the qualifying event indicated 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: _____.

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 certify that the information provided in this form is accurate and I understand that any falsification of information 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. All additional pay which the employee would receive during non-PPL paid leave (for example annual leave) should be discontinued for the period of PPL. For example, if an employee is receiving a temporary salary adjustment or special assignment pay, these additional 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.