



## INTERIM PAID PARENTAL LEAVE (PPL) REQUEST

**Employee Name:** \_\_\_\_\_ **Employee Position:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Employee CellPhone #:** \_\_\_\_\_ **Work Location:** \_\_\_\_\_ **Principal/Director/Supervisor:** \_\_\_\_\_

**I am requesting Paid Parental Leave for the following dates (must be in full or one-half day increments):**

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ For \_\_\_\_\_  
Total Hours - Not to Exceed 120 Hours

**OR**

**I am requesting Paid Parental Leave on the following intermittent schedule:**

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

**PPL is limited to three (3) Qualifying Life Events. Initial the appropriate item:**

- 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 PPL Request, I attest that I have read the interim Guidance and that the Qualifying Life Event is correct. Documentation of the qualifying event must be attached to the PPL Request, e.g. copy of the birth certificate, copy of the legal document for adoption or foster care placement. Contact Teresa Wombles in the Human Resources Department if you have additional questions or need assistance.

**Please read and initial to confirm your acknowledgment of the following statements below:**

- \_\_\_ 1. I understand that PPL shall run concurrently with leave for which I may be eligible under the Federal Family and Medical Leave Act.
- \_\_\_ 2. I understand that paid Sick Leave shall not be taken concurrently with PPL.
- \_\_\_ 3. I understand that any PPL that remains unused 12 months after the qualifying event will no longer be available and shall have no residual monetary value.
- \_\_\_ 4. I also understand the Human Resources Department will notify me if additional information is required, if I do/do not meet PPL eligibility requirements, and if my PPL request is approved/not approved.
- \_\_\_ 5. I understand that failure to return to work at the end of my PPL may be treated as a voluntary resignation unless my absence beyond the PPL period is authorized by another leave of absence that has been approved by the Board of Education.
- \_\_\_ 6. I understand that the Georgia law authorizing PPL provides that falsification of information submitted to support PPL may result in an adverse employment action, up to and including termination.
- \_\_\_ 7. I understand that I must notify my principal/director immediately if my PPL request is approved.

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*\*\*  
*\*NOTE TO EMPLOYEE: Return the original form and supporting documentation to Human Resources and a copy of the form (not supporting documentation) to your Principal/Director/Supervisor. Please retain copies of all information for your records.*