



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1006 A3**

PAID PARENTAL LEAVE REQUEST FORM

Employees requesting Paid Parental Leave (PPL) **must** complete this form. You must provide as much advance notice as is reasonably practicable. Submit the completed form to your designated Family Medical Leave (FML) HR Specialist for processing.

Employee Name:		Employee ID Number:	
Office Email:		Office Number:	
Personal Email:		Personal Number:	
Supervisor Name:		Supervisor Number:	
Division: <input type="checkbox"/> Admin Office <input type="checkbox"/> DAS <input type="checkbox"/> DCSS <input type="checkbox"/> DFCS – CWS <input type="checkbox"/> DFCS – OFI	Region/District Location: <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> State <input type="checkbox"/> Metro	Region/District Number: <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 5 <input type="checkbox"/> 12 <input type="checkbox"/> 6 <input type="checkbox"/> 13 <input type="checkbox"/> 7 <input type="checkbox"/> 14	
Are you currently on leave?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you requesting Family Medical Leave (FML)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am requesting PPL due to one of the following qualifying events:			
<input type="checkbox"/> Paid Parental Leave Due to Birth of My Child (Section A)	<input type="checkbox"/> Paid Parental Leave Due to Placement of a Minor Child with Me for Adoption (Section B)	<input type="checkbox"/> Paid Parental Leave Due to Placement of a Minor Child with Me for Foster Care (Section C)	
SECTION A: PAID PARENTAL LEAVE DUE TO BIRTH OF MY CHILD			
Anticipated Begin Date of Leave:		Anticipated End Date of Leave:	
I will need (check one):		<input type="checkbox"/> Continuous Leave	<input type="checkbox"/> Intermittent Leave
If your need for leave is intermittent, please provide a detailed account of how you intend to use your intermittent leave:			

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SECTION B: PAID PARENTAL LEAVE DUE TO PLACEMENT OF A MINOR CHILD WITH ME FOR ADOPTION

Anticipated Begin Date of Leave:		Anticipated End Date of Leave:	
I will need (check one):	<input type="checkbox"/> Continuous Leave	<input type="checkbox"/> Intermittent Leave	
If your need for leave is intermittent, please provide a detailed account of how you intend to use your intermittent leave:			

SECTION C: PAID PARENTAL LEAVE DUE TO PLACEMENT OF A MINOR CHILD WITH ME FOR FOSTER CARE

Anticipated Begin Date of Leave:		Anticipated End Date of Leave:	
I will need (check one):	<input type="checkbox"/> Continuous Leave	<input type="checkbox"/> Intermittent Leave	
If your need for leave is intermittent, please provide a detailed account of how you intend to use your intermittent leave:			

SECTION D: USE OF ACCRUED LEAVE AND PPL WHILE ON FML

Use of Accrued Leave and PPL: DHS should accommodate an employee’s preference of order between the use of accrued leave or PPL to cover the FMLA eligible absence for the birth, adoption, or foster care placement of a child. If an employee expresses no preference of order, PPL should be applied first. **Please indicate below the preferred order of leave usage by selecting 1 through 6 (1-indicating the leave you wish to be used first) to be applied while on FML.** Only select a number for the types of leave you plan on using and only select each number once. The maximum amount of PPL that can be requested is 120 hours.

- Sick (____ Hours)
- Compensatory (____ Hours)
- Holiday Deferral (____ Hours)
- Annual (____ Hours)
- Personal (____ Hours)
- Paid Parental Leave (____ Hours)

SECTION E: REQUIRED DOCUMENTATION TO SUPPORT NEED FOR LEAVE

Supporting documentation verifying your eligibility for Paid Parental Leave is required. Please attach the applicable documentation required for the qualifying event you selected above. Acceptable documents include child(ren)’s birth certificate, court document confirming placement of child with you for adoption or foster care, etc.

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SECTION F: EMPLOYEE ACKNOWLEDGMENT

By my signature on this form, I attest to the qualifying event indicated above. Documentation of the qualifying event is attached. Any required supporting documentation shall be the same as that required for the use of leave under the federal Family and Medical Leave Act (see Section AA of DHS Policy 1006 – Absence from Work) for the same qualifying event.

I understand that any paid parental leave that remains unused 12 months after the qualifying event is no longer available.

I also understand that paid parental leave runs concurrently with leave for which I may be eligible under the federal Family and Medical Leave Act.

I also understand that a return to my former position or equivalent position with the same pay and grade, benefits, and comparable working conditions is contingent upon compliance with the terms of the approved leave.

I also understand that my designated FML Specialist will notify me of my eligibility within ten (10) business days of HR Compliance Management's receipt of my request. If I am not notified of my eligibility within ten (10) business days of receipt of my request, I will follow-up with my designated FML Specialist for a status update.

Signature:	Date:
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