



Paid Parental Leave (PPL) Request Form

Return to Human Resources Department

SECTION I – EMPLOYEE

EMPLOYEE'S NAME (print clearly): _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

DEPARTMENT: _____

START DATE: _____ BIRTH/PLACEMENT DATE (If different): _____ END DATE: _____

The reason for bonding through the first anniversary under this paid parental leave request is (select the most appropriate box):

- Birth of a child and to care for the newborn child.
- Placement with the employee of a child for adoption or foster care.

REQUESTED METHOD OF USING PPL:

- Continuous Use
- Intermittent use*

*REASONS INTERMITTENT LEAVE IS BEING REQUESTED: _____

*DESCRIBE PLANS FOR USING PPL ON AN INTERMITTENT BASIS: _____

EMPLOYEE CERTIFICATIONS (CHECK EACH BOX):

- I attest that PPL is being taken because of the birth of my child, because of placement of a child with me for adoption or foster care and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.
- I will provide documentation to support this request, as directed by my department.
- If I provided an anticipated date of birth or placement, I will notify my department and the city's leave manager as soon as practicable of the actual date.
- If PPL is requested intermittently, I understand it is with Department Head approval and must be taken within 12 months of the birth or placement of the child.

EMPLOYEE EMAIL WHILE ON LEAVE: _____ PHONE WHILE ON LEAVE: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

NOTE: Paid Parental Leave runs concurrently with FMLA

SECTION II – EMPLOYER

Date received: _____ PPL Eligibility Notice sent: _____ Initials: _____