



## Request for Georgia Paid Parental Leave

Sumter County Schools - Human Resources Department

Phone 229-931-8502 Fax: 229-931-8547

Employee Information	
Name:	Last 4 digits of S#:
Position:	Location:
Hire Date:	Contact#:
If you are married, is your spouse employed by Sumter County School? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, last 4 digits of spouse SS#: _____	
Type of Leave Request	
<input type="checkbox"/> Birth of a Child	
<input type="checkbox"/> Placement of a minor child for adoption	
<input type="checkbox"/> Placement of a minor child for foster care	
Amount of Leave Requesting	
I am requesting the GA Paid Parental Leave (GPPL) be granted for the following period of time:	
Date Leave Begins:	Date Leave Ends
Last Date Worked:	Anticipated Return to Work Date:
Are you requesting increments leave? ? <input type="checkbox"/> Yes <input type="checkbox"/> No  Have you taken a leave of absence under this policy during the preceding 12 months? ? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, provide date from: _____ date to: _____  Reason for leave: _____	
Acknowledgement	
I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services organization addressing my reason for the leave request must be submitted to the Human Resources Department within 30 days. I also understand that the certification must include the following: <ol style="list-style-type: none"> <li>1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care</li> <li>2. The beginning and estimated ending date of employee's need for leave</li> <li>3. Health care provider's signature AND/OR Department of Family &amp; Children Services Case Manager/Authorized Official</li> </ol>	
I have read the Georgia Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAPPL leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.	
I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and approved in writing.	
Employee's Signature:	Date:
Principal/Supervisor Signature:	Date:
<b>Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.</b>	