



## Request for Georgia Paid Parental Leave

Sumter County Schools - Human Resources Department

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

<b>Employee Information</b>	
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#: _____	
<b>Type of Leave Request</b>	
<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	
<b>Amount of Leave Requesting</b>	
I am requesting Georgia Paid Parental Leave (GPPL) be granted .	
Type of Leave requested. <input type="checkbox"/> Intermittent <input type="checkbox"/> Continuous	
If requesting Continuous Leave provide the following:	
Date Leave Begins: _____ Date Leave Ends: _____ Anticipated Return to Work Date: _____	
<b>Acknowledgement</b>	
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:
<b>Request must be submitted to the Human Resources Department. The 30 PPL days will be made available for request in the Leave Portal of YOSS.</b>	