

TATTNALL COUNTY Paid Parental Leave

Accompanies a FMLA leave request?

LEAVE APPLICATION

YES NO

This form should be completed by the employee and submitted to the Central Office, Attn: HR.

Employee Name: _____ Last 4 digits of SSN#: _____ Location: _____ Phone#: _____

Employee Should Check One:

- This is a new request based on a new qualifying event.
- I didn't use all 120 hours on a prior request for the same qualifying event.
- I am modifying a prior PPL request submitted for the same qualifying event.

The purpose of this form is to verify that the employee is qualified for the District's PPL Leave. As an employee attesting to eligibility for PPL leave, I certify the truth of the following facts:

- I am an hourly salaried employee working for the District in the following capacity:
 - Teacher or professionally certified role other than teacher
 - Paraprofessional / classroom aide
 - Clerical / Non-certified administrative
 - Custodial / Maintenance / Cafeteria / Bus
 - Other: _____ [DESCRIBE]
- I am eligible for PPL due to a qualifying life event:
 - Birth on _____ [DOB of child] *Attach Birth Certificate or your request will be denied.
 - Adoption on _____ [Date of Adoption Decree] *Attach Adoption Decree of your request will be denied.
 - Foster Care _____ [Date child placed in your care] *Attach Order of Custody / Placement or your request will be denied.
- I intend to use the PPL as follows:
 - Continuously (for the entire 15 days/3 weeks)
Anticipated Date Leave Begins: _____ Anticipated Date Leave Ends: _____
 - Intermittently (in increments less than 15 days/3 weeks continuous up to 120 hours) *Attach proposed schedule for planning purposes.
- The last time I took PPL was:
 - Never
 - Approx. _____ when _____ [NAME / DOB] was born, adopted, or placed in my foster care.
- I have not previously used all 120 hours available to me for this qualifying event. [If this is a modified request, please state how many hours of the 120 which you have used for this qualifying event: _____].
- I have worked the prior 6 months continuously and have not been on any other kind of leave (FMLA, unpaid leave, sabbatical, military).
- I am either salary or an hourly employee with at least 700 hours worked in the prior 6 months.
- I request to begin PPL on the following date: _____.
- I confirm the following:
 - I understand that the PPL will run concurrently with any FMLA or other leave to which I may be entitled per Board Policy.
 - If also taking FMLA, a separate FMLA leave request is required.
 - I understand that verification/certification from a certified health care provider and/or Department of Family and Children Services (DFACS) organization addressing my reason for the leave request must be submitted to the Human Resources Department within **10 business days**.
 - I also understand that the certification must include the following:
 - Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care.
 - The beginning and estimated ending date of employee's need for leave.
 - Health care provider's signature AND/OR Department of Family and Children Services Case Manager/Authorized Official.
 - I certify the truth and veracity of the above and that I have made a reasonable inquiry to confirm the accuracy thereof. I further certify that I have not made a materially false statement with the intent to mislead a public servant in the performance of his or her official functions. I understand that I may be subject to disciplinary action, including termination, if any of the above is subsequently determined to be false or misleading.
 - 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: _____