



OFFICE OF HUMAN RESOURCES

Paid Parental Leave Request Form

Employee Name:	
Work Phone Number:	
Work Email Address:	
SCEIS Number:	
Manager's Name:	
Date of Request:	
Date of Qualifying Event:	
Parental Leave Start Date:	

Reason Parental Leave Requested (Check One):

- ☐ Primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Six weeks of consecutive parental leave.) *Only one eligible state employee may be designated the parent primarily responsible for furnishing the care and nurture of their child.*
- ☐ Not primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (Four weeks of consecutive parental leave.)
- ☐ Birth or Stillbirth. (Six consecutive weeks of parental leave.)
- ☐ Co-parent of a biological child. (Four weeks of consecutive parental leave.)
- ☐ Fostering a child in state custody. Choose option one or two. (Four weeks of parental leave.)
 - ☐ Option One: I will take the four weeks of paid parental leave at one time.
 - ☐ Option Two: I will take paid parental leave in four, one week, non-consecutive, increments.

Required Documentation:

Qualifying Event	Required Documentation (Employee Selects One)
Adoption	▶ Adoption order and/or agreement confirming the initial date of placement.
Birth	▶ Birth Certificate or Proof of Birth ▶ Certificate of Birth Resulting in Stillbirth ▶ Certified DNA Results ▶ Custody Order
Foster Placement	▶ Foster Care Placement Agreement ▶ Custody Order

Check one:

- ☐ I have not used any paid parental leave in the 12 months preceding this request or for the qualifying event indicated on this request form.
- ☐ I have used paid parental leave in the 12 months preceding this request or for the qualifying event indicated on this request form. (If yes, please provide the information below.)
- ☐ Date leave commenced _____.
- ☐ Date leave ended (if applicable) _____.
- ☐ Agency/Institution where parental leave was used _____.

I certify that the information provided in this form is accurate and I understand that any falsification of information may lead to disciplinary action up to and including termination.

Employee Signature: _____ Date: _____

Human Resources Use Only:

- ☐ Parental Leave Approved
- ☐ Parental Leave Denied Reason: _____

Checklist:

- ☐ Required documentation reviewed: _____
- ☐ Is employee eligible for FMLA leave? _____
 - ☐ If employee is not FMLA eligible at the time of the event, date employee will become eligible: _____
- ☐ Determine dates of leave eligibility based on event.
Start Date: _____
End Date: _____
- ☐ Verify paid parental leave not taken in the previous 12 months.

Important Reminders:

- This form should only be used if the qualifying event occurred on or after Oct. 1, 2026. PPL for qualifying events which occurred before this date should be evaluated using the appropriate form.
- PPL for birth and adoption must be taken consecutively and in one continuous block of time.
- PPL for foster care placement may be taken in four consecutive weeks or upon request and approval in four, one-week increments.
- PPL must run concurrent with FMLA, if available.
- Employees are eligible for PPL on their first date of hire.
- Employees are not required to use other leave before using PPL but may do so if they choose.
- PPL must be taken within 12 months of the qualifying event. Any leave available to the employee after 12 months is forfeited.
- PPL is paid at 100% of the eligible state employee's rate of pay.
- This form does not replace the agency's obligation to provide timely written notifications to the employee required under the Family and Medical Leave Act (FMLA), the Pregnancy Discrimination Act (PDA), or the Americans with Disabilities Act (ADA). Refer to the Acts and the agency's policies and procedures for more information.
- Information related to PPL should be placed in the employee's medical file and not their personnel file.