**PLACE ON INSTITUTION LETTERHEAD. This is an optional template form which institutions may choose to use or modify to meet their institutional needs.**

**SAMPLE PAID PARENTAL LEAVE REQUEST FORM**

**Paid Parental Leave Request**

|  |  |
| --- | --- |
| Employee Name: |  |
| Employee Title: |  |
| Employee ID#: |  |
| Employee Phone #: | Email Address: |
| Institution/Division Name: |  |
| Division/Work Location: |  |
| Name of Supervisor: |  |

In accordance with the Georgia’s Parental Leave law for state employees, the University System of Georgia (USG) provides up to a maximum of 120 hours of paid parental leave to eligible employees for qualifying life events. Policy Reference: USG Human Resources Administrative Practice Manual (HRAP) on Parental Leave

**I am requesting Paid Parental Leave on a continuous**  **or intermittent**  **basis for the following dates:**

Begin Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Based on the following qualifying life event:**

Birth of my child Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement of an eligible child with me for Adoption Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Placement of an eligible child with me for Foster Care\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required supporting documentation of the qualifying life event must be attached to this form.**

**By my signature on this form, I attest to the following:**

I understand that any unused portion of Paid Parental Leave will expire (and will no longer be available for use) 12 months after the qualifying life event.

I also understand that paid parental leave runs concurrently with leave for which I may be eligible under the federal Family and Medical Leave Act.

I also understand that, if I do not meet the eligibility requirements, I will be notified by Human Resources within five business days. If I am not notified, I should follow up with my Human Resources department.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Employee Date

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