



## PAID PARENTAL LEAVE EMPLOYEE REQUEST AND ACKNOWLEDGEMENT FORM

Employee Name (Print): \_\_\_\_\_ Employee ID: \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

	Anticipated	Actual
Date of birth or placement of child:		
Date PPL begins:		
Date PPL concludes:		

Requested method of using PPL:  Continuous use  Intermittent use\*

\*Describe plans for using PPL on an intermittent basis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I certify that the information provided is true and correct and confirm that the Paid Parental Leave is being taken for a qualified Parental Event, which is defined as the addition of a new child to the household of a PPL Eligible Employee that is a newborn, adopted child, foster-to-adopt child or court order kinship placement (17 years of age or younger). I understand that if I have falsified any information related to my Paid Parental Leave Request or violated any of the Paid Parental Leave requirements, it may lead to disciplinary action, including termination of my employment.

I understand that while taking Paid Parental Leave, I am required to follow my department's call-in procedures. I will notify my department's human resources and the HRMD Leave Coordinator if and when there are changes to the circumstances of my leave and provide any updated documentation, as required. I understand that my supervisor or human resources may contact me during my leave period to verify my status and obtain updates as to my estimated date of return to work.

I understand that the request for Paid Parental Leave must include appropriate documentation as specified in the Travis County Paid Parental Leave Policy. I understand that this documentation should be submitted as soon as it becomes available and within thirty (30) days of the birth adoption or placement. I understand that if I fail to provide the HRMD Leave Coordinator the required documentation within the specified time period, it may be determined that I am not entitled to Paid Parental Leave and may require that the absence be charged to other forms of paid time off or leave without pay, as appropriate. I understand that the Paid Parental Leave is a supplement for my existing sick and vacation leave at the time of the qualifying Parental event (birth, adoption/placement) and will run concurrently with my FMLA leave to the fullest extent possible. I also recognize that my Paid Parental Leave must be used within 12 months from the date of the Parental event.

I acknowledge that I have received my copy of the Paid Parental Leave ("PPL") Policy effective May 3, 2022, and that it is my responsibility to read and comply with the policies and procedures in this Policy and any revisions made to it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_