



Paid Parental Leave Request (Group 11)

Date of Application: ____/____/____

Employee Name _____ Employee TKID Number _____ Employee Title _____

Name of Facility _____ Department _____ Work Location _____

Home Telephone Number _____ Cell Phone Number _____ Personal Email Address _____

Date you want to commence Paid Parental Leave ____/____/____ Return to work date: ____/____/____

1. I am requesting Paid Parental leave due to (Check one):

a. Birth of child

Name of child: _____ Age of child: _____ Date of Birth: ____/____/____

Proof Required: Birth certificate (other proof may be substituted temporarily)

b. Placement of child for adoption

Name of child: _____ Age of child: _____ Date of Placement: ____/____/____

Proof Required: Adoption certificate, certified copy of foreign adoption order that has been registered in New York State.

c. Placement of child for foster care

Name of child: _____ Age of child: _____ Date of Placement: ____/____/____

Proof Required: Certified copy of initial and continuing family court orders of foster care placement

NOTE: In addition to the foregoing, if the employee is the non-biological parent and/or is not the adoptive/foster parent, proof of relationship to the biological/adoptive/foster parent must be provided, i.e., Marriage certificate and/or domestic partnership certification.

2. Check here if you need intermittent leave.

a. Describe the reduced work schedule: _____

b. Describe the duration of this request (must not exceed beyond 60 work days)

3. Check here if you work a part-time schedule (entitlement will be pro-rated)

Number of hours in your work week: _____

NOTE: Paid Parental leave must be concluded within 120 work days of the birth or placement of the child. Taking paid Parental Leave does not diminish an employee's right to child care leave under the Family and Medical Leave Act or the System's Child Care Leave Policy.

PAID PARENTAL LEAVE -EMPLOYEE ACKNOWLEDGEMENT

- 1. I understand that, in order to receive payment through Paid Parental Leave, I must certify that I am the person identified as a parent on the child(ren)'s birth certificate, adoption certificate or certified copy of a foreign adoption order that has been registered in New York State, or certified copies of initial and continuing family court orders of foster care placement. I understand that, if I am the non-biological parent and/or the non-adoptive/foster parent, in addition to the documentation required, proof of relationship to the biological/adoptive/foster parent must be provided, i.e., Marriage certificate and/or domestic partnership certification. I understand that I am responsible for submitting such documentation within 15 calendar days from the Employer's request, where practicable.
- 2. I understand that, in participating and receiving payment through Paid Parental Leave, I agree to return to work for a period of at least six (6) months immediately following the end of the period of paid Parental Leave or any period of approved paid or unpaid child care or other leave that continues after the paid Parental Leave. I agree to reimburse, in full, the System salary I receive through Paid Parental Leave if I fail to return to work for the specified time period and understand that any payments made for paid Parental Leave to an employee who does not return to work must be returned to and is recoverable by the System.
- 3. I understand and agree that, where the qualifying event is the placement of a child for adoption or foster care, should the adoption or foster care placement cease during the Paid Parental Leave period, I will immediately notify HRSS Leave Administration and either return to work or apply to use other leave as appropriate.
- 4. Supporting documentation is attached for this request.

Employee Name Printed

Employee's Signature

_____/_____/_____
Date

For HRSS Leave Administration Use Only

Employee is approved for Paid Parental Leave, please credit his/her leave bank with _____ hours of leave.

Approved Denied Reason Denied: _____

HRSS Leave Administrator: _____ / _____ / _____
Printed Name Signature Date

PPL Review Checklist

- Employee is in a Group 11 title: Yes No (do not approve, do not proceed)
- The employee is full time _____ or part-time _____ Hours worked per week _____
- This is the only PPL in a rolling 12 month period
- Approval letter to Employee, Department and Payroll was within 5 business days of request
- Updated PeopleSoft with leave status
- Informed Department to code timesheet 66 for PPL
- Communicated return to work procedures to employee
- Updated PeopleSoft with RTW date
- Informed Department, Payroll, and Facility HR of Employee's return date _____/_____/_____