

# Bay County Employee Paid Parental Leave (PPL) Request Form



## SECTION I: EMPLOYEE INFORMATION

Last Name	First Name	MI	Employee ID#
Department/Division	Job Title	Supervisor/Manager	

## SECTION II: REASON FOR LEAVE

Reason Paid Parental Leave (PPL) for FMLA leave is being requested:

<input type="checkbox"/> Birth of a child	<input type="checkbox"/> Placement for adoption	<input type="checkbox"/> Legal Guardianship/ Foster Care placement
	Anticipated	Actual
Date of birth or placement		
Date use of PPL Begins		
Date use of PPL Ends		
Date of planned return to duty (after use of other types of leave)		

Paid Parental Leave may be up to 4 weeks long and must be utilized on a continuous, consecutive basis within the first 3 months following the birth, adoption or placement of the child. Any unused paid Parental Leave shall be forfeited at the end of the allowed period.

Parental leave will not be counted as time worked for purposes of calculating overtime pay and will not be eligible for any shift differential.

If a holiday occurs during paid parental leave, the employee will receive Holiday Pay instead of Paid Parental Leave, but a holiday does not extend the duration of the leave.

## SECTION III: ELIGIBILITY

Regular full time and regular part time employees

An employee must have worked for the County for at least 12 months and worked at least 1,250 hours during the 12 month period preceding the leave comparable with current FMLA laws.

## SECTION IV: CERTIFICATION (Initial each box)

	I attest that PPL is being taken because of the birth of my child or because of placement of a child with me for adoption/foster care/legal guardianship and that the PPL will be used in connection with my fulfillment of my parental role to care for and bond with the child.
	I attest that I understand the FMLA Certification by Health Care Provider for Employee's Serious Health Condition (WH-380E) or Family Member's Serious Health Condition (WH-380F) form must be completed and submitted to Human Resources for review and approval.
	I acknowledge and understand the consequences of abusing or falsifying information, or otherwise ineligibility will include repayment and will be subject to disciplinary action up to and including termination.
	I acknowledge that if I do not return to work after the expiration of the Paid Parental Leave and FMLA leave, I will be required to reimburse the County in an amount equivalent to the value of the Paid Parental Leave taken, as well as the County's portion of health insurance.

	Print Name	Signature	Date
Employee:			
Human Resources Representative:			