

Paid Parental Leave (PPL) Form

Employee to complete form and give to department HR/Payroll in advance of leave.

Employee Name _____ Employee Number _____

Child's Date of birth: _____ Date of foster care or adoption if applicable: _____

Relationship: Biological child Stepchild Foster Child Other _____

Documentation of Relationship (for other than birth parent with prior medical on file). Attach copy to form:

Child's birth certificate Child's hospital discharge record Declaration of Paternity (CS-909) Foster Care Placement Agreement (SOC-815) Adoptive Placement Agreement Ad-907 Independent Adoption Placement Agreement (AD-924) Other, please explain _____

Upon birth or placement of a child, employees may be eligible to receive up 320 hours of PPL (pro-rated for part-time) to use to bond with the child, within one year of the birth or placement of the child. To the extent CFRA or FMLA protected bonding leave is available, it will run concurrently with PPL. PPL/Bonding leave may be used as a consecutive block of time, in multiple blocks of time, or as part of a reduced work schedule agreement with the department. If using multiple blocks of time off, each block of time is a separate leave and requires completion of this form and a Leave of Absence form (noting date out/date returned). As with all leaves, employees are responsible for communicating with their department and supervisor regarding any time away from work.

PPL is applied to bonding leave until the benefit is exhausted, and prior to other accrued leave or Leave Without Pay. Please indicate below how you plan to use bonding/PPL leave and sign at bottom of form:

- I plan to use bonding leave in a block of time. Dates of Leave: From _____ to _____
(If using multiple block of time, each block is a separate leave and requires a new form & LOA)
OR...
- I plan to use bonding leave as part of reduced work schedule as agreed to by my department, as follows:

Birth Parent Only:

Birth parent may begin use of PPL during their period of disability following the birth of the child once their sick leave balance has been reduce to 40 hours. PPL will not automatically be applied for disability leave. To use PPL during the post-birth disability period, complete the information below and sign at bottom of form:

- Yes, I want to use PPL during my pregnancy disability following birth of child.**

Direction to Payroll for Applying PPL during disability period:

- Apply PPL to any disability leave incurred once I reach 40 hours of sick leave.

OR...

- Apply PPL hours during my disability period as follows: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

DEPARTMENT TO COMPLETE: Eligibility Verified _____ PPL Hours at beginning leave: _____

HR/Payroll Designee: _____ Date: _____

Department: Place this form in employee's confidential medical file and email to ACTTC Payroll Division & HR/Disability Management. **Form must be accompanied by completed LOA.**