



Paid Parental Leave Request

Employee Name:
Employee Title:
Employee ID#:
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 event:

- Birth of my child
- Placement of an eligible child with me for Adoption
- Placement of an eligible child with me for Foster Care

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 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 5 business days. If I am not notified, I should follow up with my Human Resources department.

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

Signature of Employee

Date

NOTE TO EMPLOYEE: E-mail this form to Human Resources and to your supervisor. Please retain copies of all information for your records.

Department of Human Resources & Employee Development

A Unit of the Division of Business & Finance

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