Paid Parental Leave Request

Employee Name: _____
Employee Title: _____
Employee ID (OneUSG not 929): _____
Employee Phone #: _____Email: _____
Department Name: _____
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 240 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

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