# Paid Parental Leave (PPL) Request Form

## Identifying Information

Employee name

| Phone numbers (personal and work) | Email addresses (personal and work) |
|---|---|

Name of organization (agency, office, division, branch, etc.)

## Plans for Substituting Paid Parental Leave (PPL) for FMLA Leave

Reason FMLA leave is being requested:

☐ Birth of a child     ☐ Placement for adoption     ☐ Foster care placement

|  | Anticipated | Actual |
|---|---|---|
| Date of birth or placement |  |  |
| Date use of PPL begins |  |  |
| Date use of PPL concludes |  |  |
| Date of planned return to duty (after use of other types of leave) |  |  |

Requested method of using PPL:     ☐ Continuous use     ☐ Intermittent use*

*Reason(s) intermittent leave is being requested:

*Describe plans for using PPL on an intermittent basis:

## Employee Certifications (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 or foster care 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 will provide documentation to support this request, as directed by my agency. |
| ☐ | I acknowledge and understand the consequences of providing a false certification (e.g., the possibility that my agency could pursue appropriate disciplinary action, up to and including removal from Federal Service, or make a referral to a Federal entity that investigates whether conduct constitutes a criminal violation). |
| ☐ | If I provided an anticipated date of birth or placement, I will notify my agency as soon as practicable of the actual date. |
| ☐ | I attest that I am entering into the required work obligation agreement. |
| ☐ | I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. |

| Employee's signature | Date |
|---|---|