



REQUEST FOR PAID PARENTAL LEAVE (PPL)

Completed form must be submitted to Human Resources

Identifying Information (Please print)		
Employee Name (<i>Last, First, MI</i>)	Campbell ID#	
Best contact phone number	Best contact E-Mail Address	
Name of Department/School	Title	
Plans for Paid Parental Leave (PPL)		
Reason PPL 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 (<i>after use of other types of leave</i>)		
Has FMLA leave been requested		
Yes	No	
Employee Certifications (<i>initial each box</i>)		
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, if requested by the university.		
I acknowledge and understand the consequences of providing false information (e.g., the possibility that disciplinary action, up to and including termination for providing false information).		
If I provided an anticipated date of birth or placement, I will notify Human Resources as soon as practicable of the actual date.		
I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief and that I have reviewed the Paid Parental Leave policy.		
Employee Signature	Date (<i>mm-dd-yyyy</i>)	
Human Resources Approval		
Signature	Date (<i>mm-dd-yyyy</i>)	