



100 North Davis Road, LaGrange, GA 30241
 Phone: 706-812-7900 Fax: 706-845-4380

Request for Paid Parental Leave

Name:	TCSS Employee ID#:
Position:	Location:
Contact Number:	Secondary Contact Number:
Do you have a spouse who is also employed with Troup County School System? Circle YES / NO If yes, provide TCSS ID#: _____	
Qualifying Event	
Reason for Leave (Check the reason that applies below)	
<input type="checkbox"/> Birth of a child <input type="checkbox"/> Adoption of a child <input type="checkbox"/> Placement of a child for foster care	
Amount of Leave Requesting	
Date Leave Begins:	Date Leave Ends:
Last Date Worked:	Anticipated Return to Work Date:
Are you requesting incremental leave? Circle YES / NO	
Have you taken a leave of absence under this policy during the preceding 12 months? Circle YES / NO	
If yes, provide the dates of that leave. Start Date: _____ End Date: _____ Reason for Leave: _____	
Acknowledgement	
<p>I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services addressing my reason for the leave request must be submitted to the Human Resources Department. I also understand that the certification must include the following:</p> <ol style="list-style-type: none"> 1. Confirmation/Verification of birth and/or placement of a minor child for adoption or foster care 2. The beginning and estimated ending date of employee's need for leave 3. Health care provider's signature and/or Department of Family and Children Services Case Manager/Authorized Official <p>I understand that according to Troup County School System policies an employee must use any accrued sick/personal and vacation leave before beginning unpaid leave. Also, I understand that this leave will be counted against my annual Paid Parental Leave entitlement and run concurrent with FMLA.</p> <p>I have read the Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for Paid Parental Leave. I understand that falsification of information may lead to disciplinary action, up to and including termination.</p> <p>I understand that a failure to return to work at the end of my leave period may be treated as a resignation unless an extension has been agreed upon and written approval can be demonstrated.</p>	
Employee Signature:	Date:
Principal/Supervisor Signature:	Date:

Request must be submitted to the Human Resources Department upon approval/signature of principal/supervisor.

Types of documentation required for each qualifying life event:

Birth of a Child: A physician's certification form indicating when the event will occur and a follow-up certification of the actual event.

Placement of a Minor Child for Adoption: a certificate of adoption or related certifying documents and the actual date of the event.

Placement of a Minor Child for Foster Care: GCAC of Georgia licents, certificates verifying the date child was placed in the home.