



# RICHLAND COUNTY SCHOOL DISTRICT ONE

## PAID PARENTAL LEAVE (PPL) REQUEST FORM

Employee Name:	Job Title:
Last 5 Digits of SSN:	Email Address:
Department/School:	Supervisor's Name:
Phone Number:	Date of Request:
Date of Qualifying Event:	Parental Leave Start Date:

### REASON PARENTAL LEAVE REQUESTED (*check one*)

- I have given birth. (*Six consecutive weeks of parental leave*).
- I am the co-parent of a biological child. (*Two weeks of consecutive parental leave*).
- I am primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (*Six weeks of consecutive parental leave*). Only one eligible employee may be designated the parent primarily responsible for furnishing the care and nurture of their child.
- I am **not** primarily responsible for furnishing the care and nurture of a child initially legally placed with me for adoption. (*Two weeks of consecutive parental leave*).
- I am fostering a child in State custody (**choose Option One or Two**) (*Two weeks of parental leave*).
  - Option One:** I will take the two weeks of paid parental leave at one time.
  - Option Two:** I will take paid parental leave in two, one-week, non-consecutive increments intermittently.

### REQUIRED DOCUMENTATION FOR QUALIFYING EVENT

QUALIFYING EVENT	REQUIRED DOCUMENTATION
Birth	Birth Certificate or Proof of Birth, Certified DNA Results, Custody Order
Adoption	Adoption Order and/or Agreement confirming the Initial Date of Placement
Foster Placement	Foster Care Placement Agreement, Custody Order

### EMPLOYEE CERTIFICATIONS (*check each box*)

- I acknowledge that I am entitled to receive six weeks (30 days) of paid parental leave if I give birth or if I am primarily responsible for furnishing the care and nurture of an adopted child and two weeks (10 days) of paid parental leave if I am not the birthing parent or primarily responsible for furnishing the care and nurture of an adopted child.
- I acknowledge that days of paid parental leave taken under this policy must be taken consecutively, except for foster parents who may request and receive approval for parental leave in non-consecutive one-week time periods.

Employee's Signature	Date
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