



Troup County School System

A Place For Every Kid

100 Northd 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?			
YES		NO	if yes, provide TCSS ID#:
<b>Qualifying Event</b>			
Reason for leave (check the reason that applies below)			
Birth of a child			
Adoption of a child			
Placement of a child for foster care			
<b>Amount of Leave Requesting:</b>			
Date Leave Begins:		Date Leave Ends:	
Last Date Worked:		Anticipated Return to Work Date:	
Are you requesting incremental leave?		YES	NO
Have you taken a leave of absense under this policy during the preceding 12 months:			
YES		NO	
If yes, provide the dates of that leave: Start Date:		End Date:	Reason:
<b>Acknowledgement</b>			
I understand that verification/certification from a certified health care provder 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:			
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			
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.			
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.			
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.			
Employee Signature:		Date:	
Principal/Supervisor Signature:		Date:	

**Request must be submitted to the Human Resource 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