



HARRIS COUNTY SCHOOLS REQUEST FOR GEORGIA PAID PARENTAL LEAVE

LAST NAME	FIRST NAME	MI	SOC SEC NO
ADDRESS			PHONE NO
CITY	STATE	ZIP CODE	

Paid Parental Leave is available to qualifying employees for childbirth, child adoption, or foster care placement.

Below please mark the reason for leave: (Appropriate documentation and/or forms completed by health care provider must be attached)

- ☐ Birth of a child
- ☐ Placement of child for adoption
- ☐ Placement of child for foster care

_____ I am requesting Georgia Paid Parental Leave _____
BEGINNING DATE ENDING DATE

Are you requesting increments leave? _____ Yes _____ No

Have you taken a leave of absence under this policy during the preceding 12 months? _____ Yes _____ No

If yes, provide dates: _____

I understand that verification/certification from a certified health care provider and/or Department of Family & Children Services organization addressing my reason for the leave request must be submitted to my employer within 30 days. 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 & Children Services case Manager/Authorized Official.

I understand that according to the Harris County Board of Education Policies, an employee must use any accrued sick/personal and vacation leave before beginning unpaid leave and will be counted against my annual Georgia Paid Parental leave entitlement.

I have read the Georgia Paid Parental Leave policy, and I agree to abide by its requirements. My signature affirms that I have been truthful in my request for GAPPL. I understand that falsification of information may lead to disciplinary action, up to and including termination.

Employee signature: _____

Principal signature: _____

Ref: Policy Code GBRIG