Paid Parental Leave (PPL) Certification Form

Form provided by the ALSDE for use by LEAs. Requestors must provide all information requested below.

Employee Name: _____

Employee Phone Number: _____

Work Email Address: _____

School: _____

School System: _____

Date of Request: _____

Date of Qualifying Event: _____

Parental Leave Start Date: _____

Reason Parental Leave Requested (Check One):

☐ I am requesting up to eight (8) weeks of paid parental leave in connection with the birth, stillbirth, or miscarriage of a child.

☐ I am requesting up to two (2) weeks of paid parental leave in connection with the birth, stillbirth, or miscarriage of my child.

☐ I am the legal parent of a child three years of age or younger who has been legally placed with me for adoption, or I have begun the adoption process of a child three years of age or younger. (Eligible employees are entitled to eight (8) weeks of paid parental leave. If both parents work for the state, then only **one** parent is eligible for the eight (8) weeks of paid parental leave.)

Anticipated Duration of Paid Parental Leave:

Anticipated or Actual Date of Birth, Stillbirth, Miscarriage, or Placement: _____

Date Paid Parental Leave begins: _____

Date Paid Parental Leave concludes: _____

Requested method of Paid Parental Leave: ☐ Continuous Use ☐ Intermittent use*

*Reason(s) for requesting intermittent leave: _____

*How do you intend to utilize intermittent leave? _____

Prior Paid Parental Leave Use

Employee Check One:

☐ I have not used any PPL in the 365 days preceding this request or for the qualifying event indicated on this form.

☐ I have used PPL in the 365 days preceding this request or for the qualifying event indicated on this request form. If yes, please provide the information below.

If applicable:
Date prior PPL commenced: _____
Date prior PPL leave ended: _____
Employer where prior PPL was used: _____
Amount of prior PPL used: _____

ADOPTION

Paid Parental Leave Eligibility

Complete this section for adoptions only.

Employee Check One:

☐ Neither my spouse nor any other parent of the minor child that I am adopting is employed with the state of Alabama in any capacity (such employment includes, but is not limited to, the State Executive Branch, the Legislative Branch, the Judicial Branch, or any state, local, or postsecondary educational institution).

☐ The child that I am adopting is also being adopted by an individual who is employed with the state of Alabama.

If you checked the second box, please provide the following information related to the other adopting parent:

Name: _____

Employing Entity: _____

Direct Supervisor: _____

Employee Certification (initial each box)	
	I certify that paid parental leave is being taken because of the birth, miscarriage, or stillbirth of a child, or placement of a child with me for adoption, and will be used in accordance with the law.
	I understand and agree that I am required to present sufficient documentation to establish my eligibility for paid parental leave. Such documentation may include a birth certificate, letters from my doctor, or legal documentation establishing my intent to adopt.
	If I provide an anticipated date of a qualifying event, I shall notify my employer as soon as practicable of the actual date of the qualifying event.
	I understand and agree that utilizing parental leave in violation of the law and/or employer policy may result in disciplinary action, up to and including my termination.
	I understand and agree that my employer will deduct any leave fraudulently claimed under the Alabama Public Employee *Paid Parental Leave Act of 2025*.
	I understand and agree that my employer may remove any fraudulently or improperly granted leave from my paycheck, without any additional prior permission.
	I understand and agree that I am required to return to work for a minimum of eight (8) weeks following my use of paid parental leave and that any failure to comply with the return-to-work agreement may result in the recovery of the value of paid parental leave.
	I understand that any eligible leave under the *Family and Medical Leave Act* (FMLA) available to me shall run concurrently with the use of parental leave and that I am still required to comply with the FMLA, even if I qualify for paid parental leave.
	I have prepared a written plan and submitted it to my employer in accordance with A*labama Administrative Code,* Rule 290-3-1-.05.

I hereby certify under penalty of perjury that, to the best of my knowledge, all information provided in this Certification is true, correct, and complete. I further agree and understand that any false or deceptive information provided herein, regardless of time of discovery, may cause forfeiture of any leave obtained and recovery of the value of any leave improperly received either from my future pay or by legal action. I further agree and understand that any false or deceptive information may result in discipline, up to and including termination.

Signature: _____ **Date:** _____

Required Documentation:

Qualifying Event	Required Documentation

The birth, stillbirth, or miscarriage of a child.	• Completed PPL Certification Form
	• Written Plan for Leave
	• Additional Documentation (Select One):
	  ○ Birth Certificate.
	  ○ Proof of Birth (letter from health care provider (HCP) confirming birth.)
	  ○ Proof of Death (letter from HCP confirming death or death certificate).

Adoption of a child under three years of age or younger	• Paperwork or court filing indicating the initiation of the adoption process • Adoption Order • Agreement confirming the initial date of placement

TO BE COMPLETED BY AGENCY PERSONNEL
Paid Parental Leave Eligibility

Has the employee been employed with and in pay status for a covered employer for at least 12 consecutive months?	☐ Yes	☐ No
What dates are utilized to determine the lookback period?	Start Date:	
	End Date:	
Does the employee's request meet the definition of a qualifying event?	☐ Yes	☐ No
Is the employee eligible for FMLA leave?	☐ Yes	☐ No
	If no, indicate when the employee will become eligible: _____	
Did the employee provide a completed, signed PPL Certification Form?	☐ Yes	☐ No
Did the employee provide the required documentation?	☐ Yes	☐ No
Did the employee provide a written plan for leave use?	☐ Yes	☐ No
Did the employee complete and sign a return-to-work agreement?	☐ Yes	☐ No

Select documents received:

- ☐ Birth certificate
- ☐ Proof of Birth (letter from HCP confirming birth)
- ☐ Adoption Order
- ☐ Agreement confirming the initial date of placement
- ☐ Other: _____

Checklist:

☐ Determine dates of leave eligibility based on the event.

Start Date: _____
End Date: _____

☐ Verify paid parental leave not taken in the previous 365 days.

☐ Parental Leave Approved

☐ Parental Leave Denied
Reason: _____

Signature of Superintendent:	**Date**

Important Reminders:

- PPL is only available beginning July 1, 2025.
- PPL for birth, stillbirth, miscarriage, and adoption may be used intermittently, on a reduced schedule, or continuously.
- PPL shall run concurrently with FMLA, if available.
- Employees are eligible for PPL once they have been employed by or in pay status for any local education agency in the state for at least twelve (12) consecutive months.
- Employees are not required to use other leave before using PPL, but may do so if they choose.
- PPL must be taken within 365 days of the qualifying event. Any PPL available to the employee after 365 days is forfeited.
- PPL is paid at 100% of the eligible employee's normal rate of pay, as determined by the employer.
- This form does not replace the employer's obligation to provide timely written notifications to the employee required under the *Family and Medical Leave Act* (FMLA), the *Pregnancy Discrimination Act* (PDA), the *Americans with Disabilities Act* (ADA), or the *Pregnant Workers Fairness Act* (PWFA). Refer to the Acts and the employer's policies and procedures for more information.