Paid Parental Leave ("PPL")
Preliminary Written Plan - Adoption

Employee Name: _____

School: _____

Note: This is a Preliminary Written Plan. Once you complete this plan, please submit it to the Human Resources Department. They will review it and send you a Final Written Plan, including a final determination as to whether your leave will be designated as Family and Medical Leave Act ("FMLA") leave.

Leave Prior to Qualifying Event (Adoption)

PPL is available prior to the qualifying event for certain circumstances, including:

1. Meeting with an attorney regarding the adoption of a child;
2. Hosting in-home visits necessary for the completion of the adoption;
3. Attending judicial proceedings regarding the adoption of the child;
4. Attending counseling sessions regarding the adoption;
5. Submitting to a physical examination; or
6. Traveling to another country to complete an adoption.

If PPL is used for an event prior to the adoption, then the amount of total PPL available for use after the adoption will be reduced accordingly. For example, if an employee needs to use 5 days to attend a judicial proceeding regarding adoption (1 week total), then the employee will only have 7 weeks of PPL to use after the adoption of that child.

Use of Leave Prior to Qualifying Event (Adoption)

Do you plan to take leave prior to the qualifying event? Yes ____ No ____

If yes, how many days or weeks of leave do you plan to use? _____

If yes, will the leave be intermittent or continuous? Please select one of the below options.

☐ **Intermittent** (This means taking leave as needed in no less than ½ day increments)

☐ **Continuous** (This means taking leave in one large block of days in a row)

Please complete the below chart, indicating to the best of your ability, the type of leave and number of day/weeks of leave you plan to use prior to the qualifying event.
(Note: if you need assistance completing the number of days or weeks, please contact Human Resources. If you are unsure of the number of days or weeks needed, please indicate in the last column)

Type of Leave	Use? (Circle For Each That Applies)	Number of Days/Weeks to Apply	Unsure of Days/Weeks to Apply (Circle One)
PPL	Yes No	___ Days ___Weeks	Yes No
Sick[1]	Yes No	___ Days ___Weeks	Yes No
Personal	Yes No	___ Days ___Weeks	Yes No
Vacation (if eligible)	Yes No	___ Days ___Weeks	Yes No
Unpaid – FMLA (if eligible)	Yes No	___ Days ___Weeks	Yes No
Unpaid – Non- FMLA (if available)	Yes No	___ Days ___Weeks	Yes No

Use of Leave at or After Qualifying Event (Adoption)

Will the leave you plan to take after the qualifying event be intermittent or continuous? Please select one option below. (Note: Intermittent will be denied unless the employee can show that the request for such leave is to allow the employee to care for the child's serious health condition).

☐ **Intermittent** (This means taking leave as needed in no less than ½ day increments)

☐ **Continuous** (This means taking leave in one large block of days in a row)

How many weeks of paid parental leave do you plan to use? _____

[1] Remember that sick leave for the purpose of attending to an adopted child can only be used up to 8 weeks

Please complete the below chart, indicating to the best of your ability, the type of leave and number of day/weeks of leave you plan to use after the qualifying event.
(Note: if you need assistance completing the number of days or weeks, please contact Human Resources. If you are unsure of the number of days or weeks needed, please indicate in the last column)

Type of Leave	Use? (Circle For Each That Applies)	Number of Days/Weeks to Apply	Unsure of Days/Weeks to Apply (Circle)
PPL	Yes No	___ Days ___Weeks	Yes No
Sick[2]	Yes No	___ Days ___Weeks	Yes No
Personal	Yes No	___ Days ___Weeks	Yes No
Vacation (if eligible)	Yes No	___ Days ___Weeks	Yes No
Unpaid – FMLA (if eligible)	Yes No	___ Days ___Weeks	Yes No
Unpaid – Non- FMLA (if available)	Yes No	___ Days ___Weeks	Yes No

Leave Calculation

Total Paid (Add PPL, Sick, Personal, and Vacation): ____ Days ____Weeks

Total Unpaid: ____ Days ____Weeks

Employee Signature

Employee Signature: _____

Employee Printed Name: _____

Date: _____

[2] Remember that sick leave for the purpose of attending to an adopted child can only be used up to 8 weeks.