# Paid Parental Leave ("PPL")
# Preliminary Written Plan - Birth

**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 (Birth)

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

1. Attending prenatal appointments or other visits to a Healthcare Provider due to expected birth;
2. If the employee has been hospitalized in expectation of the birth of a child or due to a condition caused by or related to the birth of a child; or
3. If the employee otherwise requires leave due to a Healthcare Provider's order requiring the employee to limit her physical activity prior to the birth of a child.

If PPL is used prior to the birth, then the amount of total PPL available for use after the birth will be reduced accordingly. For example, if an employee needs to use 5 days to see her Healthcare Provider for prenatal appointments (1 week total), then the employee will only have 7 weeks of PPL to use after the birth of that child.

## Use of Leave Prior to Qualifying Event (Birth)

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 <u>prior to the qualifying event</u>.**
(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 One) | Number of Days/Weeks to Apply | Unsure of Days/Weeks to Apply (Circle One) |
|---|---|---|---|
| PPL | Yes No | ___ Days ___Weeks | Yes No |
| Sick | 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 (Birth)**

**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 her own serious health condition or to care for her 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? _____

**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 | 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: _____