Paid Parental Leave ("PPL")
Preliminary Written Plan – Miscarriage or Stillbirth

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 whether your leave will be designated as Family and Medical Leave Act ("FMLA") leave.

Definitions of Qualifying Event (Miscarriage or Stillbirth)

PPL is available for the following circumstances:

1. **Miscarriage**: The loss of an unborn child at or after twelve (12) weeks gestation that is confirmed in writing by a healthcare professional.
2. **Stillbirth**: The loss of an unborn child at or after twenty (20) weeks gestation that is confirmed in writing by a healthcare professional.

Neither miscarriage or a stillbirth includes abortions unless to prevent a serious health risk to the unborn child's mother as permitted by law.

If your Miscarriage or Stillbirth occurs after you have already begun Paid Parental Leave for the anticipated Birth of your child, then please contact Human Resources so that your Birth Written Plan can be updated to a Miscarriage or Stillbirth Written Plan.

Planned Timeline for Leave (Miscarriage or Stillbirth)

Anticipated Length of Leave: _____

Estimated Return to Work: _____

Use of Leave at or After Qualifying Event (Miscarriage or Stillbirth)

Will the leave you plan to take at or after the qualifying event be intermittent or continuous? Please Select One. (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)

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: _____